



Overpayment Refund Notification Form

In order for an overpayment refund to be processed in a timely manner, please submit a completed form with all refund checks and supporting documentation. If the refund check you are submitting is an Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) check, please include a completed form specifying the reason for the check return.

Provider name/contact: _____	
Contact number: _____	
Provider ID: _____	
Provider tax ID: _____	
Subscriber ID: _____	
DCN number (displayed on CCU letter): _____	
Member name: _____	
Member account number: _____	
Date of service: _____	[to] _____
Total billed charges: \$ _____	

Total check amount: \$ _____

Claim number(s):

Reason for refund or check return:

- | | |
|--|--|
| <input type="checkbox"/> Anthem letter
<input type="checkbox"/> Contract rate change
<input type="checkbox"/> Duplicate payment
<input type="checkbox"/> Incorrect member
<input type="checkbox"/> Incorrect provider
<input type="checkbox"/> Negative balance | <input type="checkbox"/> Other health insurance/third-party liability
<input type="checkbox"/> Payment error
<input type="checkbox"/> Billed in error/adjusted charge
<input type="checkbox"/> Other: _____ |
|--|--|

All refund checks should be mailed with a copy of this form to:

Anthem Blue Cross and Blue Shield Healthcare Solutions
 P.O. Box 933657
 Atlanta, GA 31193-3657

Thank you for completing this *Overpayment Refund Notification Form*. Once the Anthem Cost Containment Unit has reviewed the overpayment, you will receive a letter explaining the details of the reconciliation.

<https://mediproviders.anthem.com/nv>