



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 (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:	
Document control number (DCN) (displayed on <i>Cost Containment Unit</i> letter):			
Member name:			
Member account number:			
Date of service:			
Total billed charges:			
Total check amount:			

Claim number(s)	

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

All refund checks should be mailed with a copy of this form to:
Anthem Blue Cross and Blue Shield
P.O. Box 933657
Atlanta, GA 31193-3657

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

<https://providers.anthem.com/oh>