



BlueCross BlueShield of Louisiana

An independent licensee of the Blue Cross and Blue Shield Association.

OVERPAYMENT NOTIFICATION FORM

[To Be Completed by the Provider for Out-of-State Member Claims]

This form serves to notify Blue Cross and Blue Shield of Louisiana of a possible overpayment on the below referenced claim. The form allows us to perform an adjustment on this claim and deduct any overpayments that may have occurred. **Do not send a check or payment with this form.** All adjustments will be reflected on your future remittance. For questions, please refer to the instructions on the back of this form or contact the Customer Service Center at (800) 392-4076.

Please state below the reason you believe an overpayment has occurred:

Return Form To: BCBSLA Correspondence
ITS Host Refunds
P.O. Box 98029
Baton Rouge, LA 70898-9029

Fax (225) 297-2727
Attn. ITS Host Refunds

Date Form Completed: _____ Person filling out this form: _____

Provider Name: _____

Provider NPI: _____

Provider Address: _____ Phone: _____

RE: Patient's Full Name: _____ Date of Birth: _____

Contract Number: _____ (Including Prefix)

Date(s) of Service: _____

Claim Number: _____

Patient Account Number: _____

Estimated Amount of Overpayment: \$ _____

Instructions Regarding Overpayments on Out-of-State Claims

Blue Cross and Blue Shield of Louisiana cannot process refund requests and will not request or accept checks from providers for refunds on claims for **out-of-state members only**. All overpayment reconciliation will be reflected on electronic remittance advices and/or payment registers.

When an overpayment on a claim for an out-of-state member may have been made, providers must fill out and submit the **Overpayment Notification Form** (instead of sending a check) for review to ensure that an overpayment did occur. A printable version of the Overpayment Notification Form is located on www.bcbsla.com. Complete this form and mail or fax it to:

BCBSLA Correspondence
ITS Host Refunds
P.O. Box 98029
Baton Rouge, LA 70898-9029

Fax (225) 297-2727
Attn. Correspondence

- If it is determined that an overpayment *did* occur: You will not receive further notification from us. The claim will be adjusted and your payment register will reflect the change.
 - If it is determined that a provider has received an overpayment and has not yet informed us by sending the Overpayment Notification Form, Blue Cross will send notification requesting the provider respond either agreeing or appealing the overpayment within 30 days.
 - If no response is received, the provider is notified that the claim may be adjusted, if applicable.
- If an *unsolicited refund check is received* from a provider, the check will be returned with a letter requesting an Overpayment Notification Form be submitted if more information is needed to reprocess payment appropriately.
- If an overpayment *did not* occur: You will receive notification explaining that no adjustment to the claim is necessary.

All transactions will be reflected on either the provider's payment register or electronic remittance advice. If you have questions about this process, please contact the Provider Services at (800) 922-8866.