



Complete this form to notify us of a possible overpayment for claims processed directly by BCBSLA for a Blue Cross and Blue Shield of Louisiana (BCBSLA), HMO Louisiana, Inc. (HMOLA), Federal Employee Program (FEP) or BlueCard® (out-of-area) member. Please fully complete the requested information on this form to ensure proper processing.

**Member ID:** \_\_\_\_\_

*(please include the three-character prefix or "R" for FEP members)*

**Do not send a check or payment with this form.** Submit the form only.

*Adjustments will be reflected on your future payment register(s).*

### PATIENT INFORMATION

Patient's Full Name	Date of Birth
Claim Number	Patient Account Number

### REFUND INFORMATION

Date(s) of Service	Estimated Amount of Overpayment
Reason You Believe Overpayment Has Occurred	
_____	
_____	
_____	
_____	

### PROVIDER INFORMATION

Provider Name	National Provider Identifier (NPI)
Provider Address	
Name of Person Completing Form	Contact Phone Number
Date Form Completed	Contact Email Address

Please refer to the instructions on the back of this form for more ways to submit overpayment notifications to BCBSLA, as well as information on how to submit this form.

## **In Lieu of Submitting this Form**

You may instead submit an Action Request through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)). Go to the claim thought to be overpaid in iLinkBlue and submit an Action Request to have the claim reviewed for correct processing. To do this, click the "AR" button from the Claims Results screen or the "Action Request" button from the Claim Details screen to open a form that prepopulates with information on the specific claim. Please include your contact information. Please only submit one Action Request per claim; not one Action Request per line item of the claim. For more information on this process, please refer to our *iLinkBlue User Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Manuals.

## **Instructions for BlueCard (out-of-area) Claims**

For BlueCard members, do not send a check (payment) with this form. Submit the form only. All adjustments will be reflected on your future payment register(s). BCBSLA cannot accept payments for BlueCard members. If an unsolicited refund payment is received for a BlueCard member, it will be returned with a letter requesting an Overpayment Notification Form be submitted. You may instead submit an Action Request in lieu of the form.

## **General Refund Information**

Upon submitting this form:

- 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 an overpayment did not occur, you will receive notification explaining that no adjustment to the claim is necessary.

When BCBSLA discovers the overpayment:

- If it is determined that a provider has received an overpayment and has not yet informed us, Blue Cross will send notification requesting the provider respond either agreeing or appealing the overpayment within 30 days. For FEP members, the provider has 120 days to respond.
- After the applicable provider review period, the claim is adjusted and will be reflected on the provider's future payment register(s).

## **Return Form To:**

BCBSLA Correspondence

P.O. Box 98029

Baton Rouge, LA 70898-9029

or

Fax: (225) 297-2727

Attn: BCBSLA Correspondence

A printable version of this Overpayment Notification Form is available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms.

If you have questions about this process, you may contact the Customer Care Center at 1-800-922-8866.