BlueCross BlueShield of North Carolina MEDICARE

Overpayment Refund Notification Form

Please note, this form applies to Healthy Blue + Medicare[SM] (HMO D-SNP) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC).

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 a check from Blue Cross NC, please include a completed form specifying the reason for the check return.

Provider Information		
Provider and/or contact name:		
Contact number:		
Provider ID:		
Provider TIN:	Subscriber ID:	
DCN number (displayed on CCU letter):		
Member name:	Member account number:	
Date of service:	Total billed charges:	Total check amount:

Claim Numbers	

Reason for Refund or Check Return		
□ Simply letter □ Contract rate change □ Duplicate payment □ Other:	□ Incorrect member □ Incorrect provider □ Negative balance	□ Payment error □ Billed in error/adjusted charge □ Other health insurance/third-party liability

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

Blue Cross and Blue Shield of North Carolina
P.O. Box 933657
Atlanta, GA 31193-3657

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

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare

BNCCARE-0147-21 June 2021 519143NCPENABS