



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

The purpose of this form is to provide Blue Advantage with sufficient identifying information to ensure your voluntary refund is processed accurately.

Please complete all applicable areas below for each patient involved and mail the form to:

Blue Advantage
130 DeSiard St, Ste 322
Monroe, LA 71201

If you have questions, you may contact Blue Advantage at 1-866-508-7145, choose option 3, then option 2.

Voluntary Refund Explanation Form

FACILITY/PROVIDER/PHYSICIAN/SUPPLIER INFORMATION

Facility/Provider/Physician/Supplier Name

Tax ID

Street Address, City, State, ZIP

Blue Advantage Payee ID Number/NPI (This is located on your Blue Advantage remittance notice)

Contact Person

Phone Number

Check Amount
\$

Check Date

REFUND INFORMATION

Please complete this form for each patient if multiple patients are involved.

Patient's Name

Member ID

Blue Advantage Claim Number (This is located on your Blue Advantage remittance notice)

Date of Service

Procedure Code

Modifier

Refund Amount
\$

Reason for Refund

- Corrected Bill
 Not our Patient
 Other Insurance
 Billed in Error
 Duplicate
 Service Paid in Error
 Patient Not Effective
 Other (*please specify*)

FOR USE BY INTERNAL STAFF ONLY

Date Processed

Processor's Initials

Logged in Receipts

Claims Correction Performed

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.

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Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association, offers Blue Advantage (PPO).