LOUISIANA BLUE

Blue adVantage (HMO) | Blue adVantage (PPO)

Voluntary Refund Explanation Form

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.

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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