

Complete this form to notify Blue Cross and Blue Shield of Louisiana of a possible overpayment for an out-of-state member's claim.

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 Provider Services at 1-800-922-8866.

Please state below the reason you believe an overpayment has occurred:	
Date Form Completed	Name of Person Completing Form
PROVIDER INFORMATION	
Provider Name	
Provider Address	
Provider Phone Number	National Provider Identifier (NPI)
PATIENT INFORMATION	
Patient's Full Name	
Member ID (including prefix)	Date(s) of Service
Claim Number	Patient Account Number
Estimated Amount of Overpayment	Date of Birth

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

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 has 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/providers >Forms for Providers.

Complete this form and mail or fax it to:

Mail: BCBSLA Correspondence

ITS Host Refunds

P.O. Box 98029

Baton Rouge, LA 70898-9029

Fax: (225) 297-2727

Attn. ITS Host Refunds

- 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 Provider Services at 1-800-922-8866.