

Provider Authorization to Adjust Claims and Create Claim Offsets

Please submit this completed authorization form with all supporting documentation to ensure proper processing of your request to adjust claims as detailed below. The adjustments will result in overpayments being withheld from future claims payments.

Provider information
Provider name:
Provider NPI:
Provider TIN:
Provider contact information:
Cost containment information
Cost Containment Project Number (if applicable):
Document Identification Number (if applicable):
Total Recoupment Dollar Amount:

Please list claim information below if the Cost Containment letter or other supporting claim/member detail is not provided with this request.

Claim information			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			

<https://provider.healthybluenc.com>

Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. ® Marks of the Blue Cross and Blue Shield Association.

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Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment amount:			
<p>If your request for recoupment exceeds the space provided, please attach an Excel file that includes all the data noted above. For questions related to the completion of this form, please call Provider Services at <844-594-5072>.</p> <p>I authorize Blue Cross and Blue Shield of North Carolina to proceed with adjusting the Healthy Blue claims as listed on this form or per separate document that supports this request.</p>			
Print name:			
Signature:			

Return this form via:

- Fax: **1-866-920-1874**
- Mail:
Healthy Blue
Attn: Cost Containment — Disputes
P.O. Box 62427
Virginia Beach, VA 23466-2437

Note: Do not use this form if you are submitting a refund check. If you would like to submit a refund, please use the refund notification form on our website at provider.healthybluenc.com. Mail a check along with the supporting documentation to:

- Healthy Blue
Attn: Cost Containment — Payments
P.O. Box 933657
Atlanta, GA 31193-3657

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.