

Overpayment Refund Notification Form

In order to process an overpayment refund 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 Healthy Blue check, please include a completed form specifying the reason for the check return.

Provider information		
Provider name/contact:		
Contact number:		
Provider ID:		
Provider Tax ID:		
Subscriber ID:		
DCN number (displayed on CCU letter):		
Member and overpayment information		
Member name:		
Member account number:		
Date of service:		
Total billed charges:		
Total check amount:		
Claim numbers		
Please list claim information below if the Cost Containment letter or other supporting claim/member detail is not provided with this request.		
Reason for refund or check return		
<input type="checkbox"/> Healthy Blue letter	<input type="checkbox"/> Incorrect member	<input type="checkbox"/> Payment error
<input type="checkbox"/> Contract rate change	<input type="checkbox"/> Incorrect provider	<input type="checkbox"/> Billed in error/adjusted charge
<input type="checkbox"/> Duplicate payment	<input type="checkbox"/> Negative balance	<input type="checkbox"/> Other health insurance/third-party liability
<input type="checkbox"/> Other:		
All refund checks should be mailed with a copy of this form to:		
Healthy Blue		
Attn: Cost Containment — Payments		
P.O. Box 933657		
Atlanta, GA 31193-3657		

Once the Healthy Blue Cost Containment Unit has reviewed the overpayment, you will receive a letter explaining the details of the reconciliation.

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://provider.healthybluenc.com>

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