

## Claim Overpayment Refund Form

Please complete this form and attach the applicable documents indicated below. Correct claim information is needed to post the refund. Overpayment refunds will go directly to a secured bank lock box to maintain the accuracy and timeliness of applying refund checks.

**1. Claim Overpayment Refund Information** *(Complete all fields.)*

<b>Provider Name:</b> _____	<b>BCBSF Invoice Number:</b> _____
<b>BCBSF Provider Number:</b> _____	<b>Refund Date:</b> _____
<b>National Provider Identifier (NPI):</b> _____	<b>Claim Number:</b> _____
<b>Patient Name:</b> _____	<b>Date(s) of Service:</b> _____
<b>Patient Contract Number:</b> _____	<b>Claim Paid Date:</b> _____

**2. Reason for Refund** *(Explain the reason the money is being returned.)*

- Another carrier also made payment. Attach other carrier EOB.
- Incorrect contract number. Incorrect patient contract number: \_\_\_\_\_  
Correct patient contract number: \_\_\_\_\_
- Cannot identify patient. Paid wrong provider.
- Procedure or diagnosis code error. Attach corrected claim.
- Returning duplicate BCBSF payment. Duplicate of claim number.
- Services billed in error. Attach corrected claim.
- Other BCBSF payment error. Be specific. \_\_\_\_\_

**3. Refund check attached**     Yes     No    Amount of Refund: \_\_\_\_\_

**When an overpayment applies to some of the claims on a check:**

- Cash the check and issue a refund check to BCBSF. Attach the check and a copy of the remittance advice. Circle the refunded claims.

**When an overpayment applies to all claims on a check:**

- Attach the BCBSF check and a copy of the remittance advice.

**If the overpayment is due to submission of incorrect claim data:**

- Attach the corrected claim, the refund check and copy of the remittance advice – circle the refunded claims.

**If the overpayment is due to a corrected claim payment made by another carrier:**

- Attach the other carrier's EOB or corrected EOB and the refund check.
- If the refund is for multiple claims, also attach our remittance advice and circle the claims being refunded.

**For forms with attached checks, please mail to:**

**Blue Cross Blue Shield of Florida  
Dept. 1213  
PO Box 121213  
Dallas, TX 75312-1213**

**OR Express Courier Service (e.g., DHL, FedEx):**

**Blue Cross Blue Shield of Florida  
Lock Box 891213  
1501 North Plano Rd.  
Richardson, TX 75081**

**For forms without checks, please mail to:**

**Florida Blue  
P.O. Box 1798  
Jacksonville, FL 32231**