

## Overpayment Refund Notification Form

In order for an overpayment refund to be processed 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 name/contact:	
Contact number:	
Provider ID:	
Provider Tax ID:	
Subscriber ID:	
DCN number (displayed on CCU letter):	
Member name:	
Member account number:	
Date of service:	
Total billed charges:	
Total check amount:	
r	
Claim number(s)	
Reason for refund or check return	
☐ Healthy Blue letter ☐ Incorrect me	,
□ Contract rate change □ Incorrect pro	
□ Duplicate payment □ Negative ba	•
	liability
□ Other:	

All refund checks should be mailed with a copy of this form to:

Healthy Blue 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. Thank you for completing this *Overpayment Refund Notification Form*.