



INDEPENDENCE BLUE CROSS OVERPAYMENT/REFUND FORM

Date: _____ Provider Number: _____
 Provider Name: _____
 Provider Address: _____

For Provider Use Only:

Contact Person at Provider's Office:

Telephone Number: _____

| Member ID/Name | Date of Service(s) | Claim Number | Remit Amount |
|----------------|--------------------|--------------|--------------|
| | | | |

| Reason for Refund: | Type of Refund: |
|---|--|
| <input type="checkbox"/> Payment of Outstanding Credit Balance <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Medicare <input type="checkbox"/> Other Insurance: _____ <input type="checkbox"/> Provider Billing Error <input type="checkbox"/> Processing Error <input type="checkbox"/> Unable to Identify Patient <input type="checkbox"/> Multiple Payments (If multiple members are affected, check box and attach a copy of your Statement of Remittance with names highlighted.) | <input type="checkbox"/> Medical Claim <input type="checkbox"/> Capitation <input type="checkbox"/> Other: _____ |

Comments:

Providing patient information enables us to credit your account in a timely manner. Please return a copy of the Statement of Remittance with this request

Please submit to: IBC Claims Overpayment
 P.O. Box 18683
 Newark, N.J. 07191-8683

**IMPORTANT INFORMATION ABOUT
CLAIMS OVERPAYMENTS/RETRACTIONS FOR IBC**

Additional options are available for handling refunds/overpayments. Refunds/Overpayments can be recouped through the claim adjustment process, in which credits and/or retractions will appear on your Statement of Remittance. Accounts Receivable reports will be generated to provide you with supporting detail for you to apply these adjustments to the proper accounts.

To request this type of claim adjustment, please contact Provider Services at (215) 567-3590

If you prefer to send a refund check, please complete and submit the enclosed form along with your check and a copy of the Statement of Remittance to:

IBC Claims Overpayment
P.O. Box 18683
Newark, N.J. 07191-8683

Thank you for your cooperation. Please call Provider Services at the above number if you have any questions.