



## Overpayment/Refund Form

If you are a NaviNet-enabled provider, select *Claim Inquiry and Maintenance* from the Plan Transactions menu and then *Claim INFO Adjustment Submission* to request a claim retraction through the claims adjudication process. Through this preferred and expedited method, credits and/or retractions will automatically appear on a future Statement of Remittance (SOR).

If you are not NaviNet-enabled, please call Customer Service at **1-800-ASK-BLUE** or you may complete this form and mail it along with a copy of the SOR to:

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

**Note:** If you are not NaviNet-enabled and would like to register, please call the eBusiness Provider Hotline at **215-640-7410** or go to [www.navinet.net](http://www.navinet.net) and select *Sign up* from the top right.

Date \_\_\_\_\_ Provider ID # or NPI \_\_\_\_\_

Provider name \_\_\_\_\_

Provider address \_\_\_\_\_

Contact at provider's office \_\_\_\_\_ Telephone # \_\_\_\_\_

**Providing patient information enables us to credit your account in a timely manner.**

Member name and ID #	Dates of service	Claim #	Remit amount

Reason for refund:	Type of refund:
<input type="checkbox"/> Payment of outstanding credit balance or A/R <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, attach a copy of your SOR with names highlighted.)	<input type="checkbox"/> Medical claim <input type="checkbox"/> Capitation <input type="checkbox"/> Other _____ _____ _____

**Comments**

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