

Think You Have An Overpayment?

BlueCare Tennessee Overpayment Notification Form

Please complete this form in its entirety in order not to delay your request. If the review of the submitted claim(s) results in an overpayment, BlueCare will recover the overpayment(s) through an offset on your future remittance advice.

Provider Name: _____

Provider NPI #: _____

Provider ID #: _____

*Patient's Name: _____

*Patient Account Number: _____ *Subscriber ID #: _____

*Date of Service: _____ *Claim Number: _____

*See Page 2 to list additional claims

Date Overpayment Identified: _____ Date Range/Timeframe the Issue Occurred: _____

Specific CPT/HCPCS/DRG Code(s) involved with the reimbursement: _____

Have you performed due diligence to ensure this voluntary refund is isolated only to the identified claim(s)? Yes No:

Did you self-identify the overpayment? Yes No:

If no, then briefly explain who identified the overpayment and issues or billing codes that were identified.

Estimated Overpayment Amount: \$ _____

If your overpayment is related to Coordination of Benefits, please provide the following information:

Primary Carrier's Name: _____

Policy ID#: _____

Policy Holder: _____

Policy Effective Date: _____ Policy Term Date: _____

**Submit a copy of the other insurance carrier's Remittance Advice along with this request, if available. **

Please fax this form along with any applicable documents to support the overpayment information to us at the numbers shown below:

BlueCare/TennCare*Select*: 1-866-504-6356

BlueCare Plus HMO DSNP: 1-888-725-6849

CoverKids: 1-866-636-0085

Provider Contact Information:

Contact Name: _____

Contact Phone Number: _____ Extension: _____

Email Address: _____ Fax Number: _____

Additional Claim(s)

Patient's Name: _____

Patient Account Number: _____ Subscriber ID #: _____

Date of Service: _____ Claim Number: _____

Patient's Name: _____

Patient Account Number: _____ Subscriber ID #: _____

Date of Service: _____ Claim Number: _____

Patient's Name: _____

Patient Account Number: _____ Subscriber ID #: _____

Date of Service: _____ Claim Number: _____

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Patient Account Number: _____ Subscriber ID #: _____

Date of Service: _____ Claim Number: _____

Patient's Name: _____

Patient Account Number: _____ Subscriber ID #: _____

Date of Service: _____ Claim Number: _____

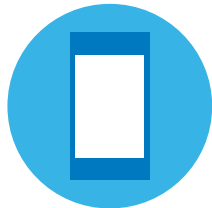
Patient's Name: _____

Patient Account Number: _____ Subscriber ID #: _____

Date of Service: _____ Claim Number: _____

Spanish: Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al BlueCare 1-800-468-9698. Llame al TennCareSelect 1-800-263-5479 (TRS: 711: 1-888-418-0008).

Kurdish: کوردی ئەگەر بە کوردی سۆرانی قسه دهکهن، خزمهتگوزارییهکانی وههگیران بهخۆراییی دهخریتته بهردهستتان. پهیههندی بکهمن به ژماره TennCareSelect 1-800-263-5479, BlueCare 1-800-468-9698 (TRS: 711: 1-888-418-0008).



Do you need help with your health care, talking with us, or reading what we send you? Call us for free at: BlueCare 1-800-468-9698 or TennCareSelect 1-800-263-5479 (TTY: 711 and ask for 888-418-0008).

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or treated you differently? Then call BlueCare 1-800-468-9698, TennCareSelect 1-800-263-5479 or TennCare 1-855-857-1673 (TRS 711) for free.

BlueCare Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402

bluecare.bcbst.com

BlueCare Tennessee is an Independent Licensee of the BlueCross BlueShield Association.

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Overpayment Information Form