

**Think You Have An Overpayment?**  
**BlueCross BlueShield of Tennessee Overpayment Information Form**

- Provider Name: \_\_\_\_\_
- Provider ID #: \_\_\_\_\_
- Patient Account Number: \_\_\_\_\_
- Patient's Name: \_\_\_\_\_
- Subscriber ID #: \_\_\_\_\_
- Date of Service: \_\_\_\_\_
- Claim Number: \_\_\_\_\_
- Reason for Overpayment?  
\_\_\_\_\_  
\_\_\_\_\_
- Overpayment Amount: \$ \_\_\_\_\_

- If your overpayment deals primarily with Coordination of Benefits, please provide the following information:
- Primary Carrier's Name:  
\_\_\_\_\_
- Policy Holder's ID#: \_\_\_\_\_
- Policy Holder: \_\_\_\_\_
- Policy Effective Date: \_\_\_\_\_
  
- Please provide a copy of the Remittance Advice, if possible.

Fax your information to us at the numbers shown below:

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

**Federal Employees Program (FEP):** 1-423-752-7917

**BlueCard:** 1-423-591-9142

**Dental:** 1-423-535-3205

**All Other Lines of Business:** 1-423-535-7506

Please indicate, whether or not, you prefer your overpayment be taken off the remittance advice or if you wish to refund BlueCross BlueShield of Tennessee directly, by check or money order, the amount of the overpayment you have identified.

**CHOOSE ONE OF THE FOLLOWING OPTIONS BELOW:**

**Option 1:** Take off the Remittance Advice?

Yes    No

**Option 2:** Refund BlueCross BlueShield of Tennessee directly?

Yes    No

If you chose **Option 2**, please indicate when BlueCross BlueShield of Tennessee can expect your refund to arrive in our office.

**DATE:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

*You may also complete this form, print it, attach it to your refund check or money order and mail to the address shown below:*

**BlueCross BlueShield of Tennessee**  
**CLAIM RECEIPTS DEPARTMENT**  
**1 Cameron Hill Circle**  
**Chattanooga, TN 37402**

**Provider Contact Information**

**Contact Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_