

Think You Have An Overpayment? BlueCross BlueShield of 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, BlueCross will recover the overpayment(s) through an offset on your future remittance advice. ***Please note that CORRECTED CLAIMS should be submitted electronically and should not be submitted using this form.***

Provider Name: _____

Provider ID #: _____ Patient Account Number: _____

Patient Name: _____

Subscriber ID #: _____ Date of Service: ____ / ____ / ____

Claim Number: _____

Reason for Overpayment: _____

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.

If your overpayment is related to Subrogation or Workers' Compensation, please provide the following information:

Other Carrier's Name: _____

Policy or Claim ID#: _____ Policy Holder: _____

Amount Received from other Carrier: \$ _____

**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/TennCareSelect: 1-866-504-6356

Dental: 1-423-535-3205

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

BlueAdvantage: 1-423-535-5498

Federal Employees Program (FEP): 1-423-535-7917

All Other Lines of Business: 1-423-591-9080

BlueCard: 1-423-591-9142

Subrogation/Workers' Compensation: 1-423-591-9444

Provider Contact Information:

Contact Name: _____

Contact Phone Number: _____ Extension: _____

Email Address: _____

Fax Number: _____