



BlueCross BlueShield of Nebraska

An independent licensee of the Blue Cross and Blue Shield Association

MEDICARE ADVANTAGE PROVIDER OFFSET REQUEST

Use this form to initiate an immediate offset when an overpayment by Blue Cross Blue Shield of Nebraska has been identified by your office. Using this form authorizes an automatic offset and you will not receive additional notification before the offset is processed.

INSTRUCTIONS

1. Download form.
2. Complete the entire form. All fields are required in order to process.
3. Save form and submit electronically to nerecoveries@visianthealth.com
4. Complete a form for each member.

Provider Name			Tax ID			NPI		
Provider Representative			Telephone & Ext				Date	
Claims Information								
BCBS NE Member ID	Patient Name	Patient DOB	Claim Number	Claim Line(s)	Date of Service	Full(F)/Partial(P) Claim Refund	Overpayment Amount	Reason for Refund

If you have questions or need further assistance with completing this form, please call our NE Provider Inquiry department at 1-888-505-2022.