



When an overpayment by Blue Cross and Blue Shield of Nebraska is identified by your office, you can assist us in the correction of the patient's account by sending in the overpayment using this Check Return Form. Providing us with the following information will allow us to quickly identify our member and process the refund. After completing this form, attach your documentation and check to the form and return to:

Attn: Accounting Department  
Blue Cross and Blue Shield of Nebraska  
P.O. Box 3248  
Omaha, NE 68180-0001

Provider Name:		Tax ID Number:		Date:	
Patient Name: <i>(ONE patient per form)</i>			Patient Date of Birth:		Patient BCBS ID Number <small>alpha prefix</small> _____
Claim Number	Date of Service From To	Amount Overpaid	Remittance Advice Dt.	Patient Account Number	
1					
2					
3					
4					

TOTAL AMOUNT BEING REFUNDED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
*Person to contact (if necessary) within the above named Provider office, including telephone number and extension.*

**REASON FOR REFUND/OVERPAYMENT:**

- Duplicate payment: Original Claim Number \_\_\_\_\_
- Not our patient
- Incorrect provider: Correct Provider Number or Tax ID Number \_\_\_\_\_
- Corrected billing: Corrected claim(s) should be attached
- Charges submitted in error (give details) \_\_\_\_\_
- Medicare primary: Medicare Number \_\_\_\_\_ and copy of the MEOB attached
- Medicare adjustment: Corrected claim(s) and copy of the MEOB should be attached
- Rental vs purchase
- Other health insurance primary: Attach other insurance information or copy of the EOB/Remit
- Paid by Workers' Compensation
- Paid by other third party: Other third part information \_\_\_\_\_
- Two BCBS policies paid as primary: Other ID Number \_\_\_\_\_
- Other (Please explain) \_\_\_\_\_

**Please keep a copy of the completed for your documentation. Only one patient per form, and if multiple claims are overpaid, indicate the overpayment reason for each claim.**