

## Provider and Facility identified Overpayments (aka “voluntary” or “unsolicited”)

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If Anthem is due a refund as a result of an overpayment discovered by a Provider or Facility, refunds can be made in one of the following ways:

- Submit a refund check with supporting documentation outlined below, or
- Submit the **Provider Refund Adjustment Request Form** with supporting documentation to have claim adjustment/recoupment done off a future remittance advice

When voluntarily refunding Anthem on a Claim overpayment, please include the following information:

- **Provider Refund Adjustment Request Form (see directions below for how to access online)**
- All documents supporting the overpayment including EOBs from Anthem and other carriers as appropriate
- Covered Individual ID number
- Covered Individual's name
- Claim number
- Date of service
- Reason for the refund (as indicated on the form of common overpayment reasons)

Please be sure the copy of the provider remittance advice is legible and the Covered Individual information that relates to the refund is circled. By providing this critical information, Anthem will be able to expedite the process, resulting in improved service and timeliness to Providers and Facilities.

***Important Note:*** *If a Provider or Facility is refunding Anthem due to coordination of benefits and the Provider or Facility believes Anthem is the secondary payer, please **refund the full amount paid**. Upon receipt and insurance primacy verification, the Claim will be reprocessed and paid appropriately.*

**How to access the Provider Refund Adjustment Request Form online:**

To download the “Provider Refund Adjustment Request Form” directly from anthem.com. Select **Providers**, and **Providers Overview**. Select **Find Resources in Your State**, and pick **Colorado**. From the **Provider Home** page, Under the *Self Service and Support* heading, choose **Download Commonly Requested Forms** and select **Provider Refund Adjustment Request Form**.

Please utilize the proper address noted in the grid below to return payment:

Line of Business (Blue Branded)	Type of Refund	Make Check Payable To:	Regular Mailing Address:	Overnight Delivery Address:
Individual Health Insurance Exchange, Private Voluntary Health Insurance Exchange		Anthem Blue Cross and Blue Shield	Anthem Blue Cross and Blue Shield PO Box 73651 Cleveland, OH 44193-1177	Anthem Attn: Central - 73651 4100 W 150th Street Cleveland, OH 44135-1304
Individual Health Insurance Exchange, Private Health Insurance Exchange	Solicited Refund with Payment Coupon	Anthem Blue Cross and Blue Shield	Anthem Blue Cross and Blue Shield PO Box 5281 Carol Stream, IL 60197	N/A
BlueCard, National	Voluntary & Solicited Refund with Payment Coupon	Anthem Blue Cross and Blue Shield	Anthem Blue Cross and Blue Shield PO Box 73651 Cleveland, OH 44193-1177	Anthem Attn: Central - 73651 4100 W 150th Street Cleveland, OH 44135-1304

**URL:** <https://providernews.anthem.com/colorado/article/provider-and-facility-identified-overpayments-aka-voluntary-or-unsolicited>

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