TO: CLAIMS REFUND DEPARTMENT

REFUND TYPE:
[] Arkansas Blue Cross and Blue Shield - including BlueCard
[] Federal Employee Program - ABCBS
[] BlueAdvantage Administrators of Arkansas
[] USAble Administrators
[] USAble Life Group Health
[] Health Advantage
[] Medicare Services
THE FOLLOWING INFORMATION IS NEEDED IN ORDER TO PROCESS
YOUR REFUND IF A COPY OF THE REMITTANCE ADVICE IS NOT
AVAILABLE.
(1) reason for the refund
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(2) patient name
(3) patient ID number
(4) claim number or BlueCard SCCF #
(5) date of service
(6) amount
(7) provider name (pay to)
(8) provider number (pay to)
(9) and TIN (pay to)

NOTE: It is not necessary to return the original check and the entire remittance advice/explanation of payment if just one or two patient claims are paid incorrectly. Please enclose copies of the remittance advice/explanation of payment pages with the claims paid in error highlighted and a notation of the reason for the refund.