

REFUND OF MONIES



PLEASE REMIT TO: Cash Processing • Capital Blue Cross • PO Box 773301 • Harrisburg, PA 17177-3301

Please be sure to include this form along with your remittance amount. If possible, please attach a copy of the corresponding **Statement of Remittance**. Providing patient information enables us to credit your account in a more efficient and timely manner.

| | | | |
|--------------------------|--------------------------|----------------------|----------------------|
| Provider Group Name | Provider Group ID Number | Date | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Provider Mailing Address | City | State | ZIP Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|-------------------------|---------------------------------|----------------------|-------------------------------------|----------------------------------|
| * Total Remitted Amount | Claim Amount | HRA Amount | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | Capital Blue Cross Check Number | Prefix | Capital Blue Cross Member ID Number | Claim Number/ SOR Control Number |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Patient Name | Patient Account Number | | Date of Service | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | |
| Practitioner ID Number | Practitioner Name | | | |
| <input type="text"/> | <input type="text"/> | | | |

**A refund for the total amount of the claim specified above is required. Adjustment of the entire transaction is necessary to ensure accurate posting of the member's financial responsibility. Please do not remit an adjusted amount.*

Payment Error Occurred for the Following Reason(s):

☐ Unable to identify patient

☐ Provider Billing

Explanation:

☐ Duplicate Payment

Explanation:

☐ Processing Error

Explanation:

☐ Other

Explanation:

☐ Other Insurance Liability:

☐ Workers' Compensation

☐ Motor Vehicle Related

☐ SecuritySM/SeniorSM

HIC Number

☐ Other Insurer