Independence

Overpayment/Refund Form

Participating providers are entitled access to the Provider Engagement, Analytics & Reporting (PEAR) portal and should be initiating an adjustment to correct an overpayment through PEAR Practice Management using the Claim Search transaction. Enter the appropriate search criteria: Billing Provider and Member ID and DOB **or** Billing Provider and Member Last Name, First Name, and DOB. From the Claim Details screen, use the *Create New Investigation* button to submit your request. Through this preferred and expedited method, credits and/or retractions will automatically appear on a future Provider Explanation of Benefits (Provider EOB) or Provider Remittance.

If your organization is not registered for the PEAR portal, visit the Provider News Center. Once you are registered, you may submit your adjustment request as outlined above.

If you are not a participating provider, please call Customer Service at **1-800-ASK-BLUE** (**1-800-275-2583**) or you may complete this form and mail it along with a copy of the Provider EOB or Provider Remittance to:

Cash Applications - Claims Overpayment Refund
PO Box 8128
Philadelphia, PA 19101

Date _____ **Provider ID # or NPI** _____

Provider name _____

Provider address _____

Contact at provider's office _____ **Telephone #** _____

Providing patient information enables us to credit your account in a timely manner.

Member name and ID #	Dates of service	Claim #	Remit amount

Reason for refund:	Type of refund:
❑ Payment of outstanding credit balance or A/R ❑ Duplicate payment ❑ Worker's compensation ❑ Medicare ❑ Other insurance _____ ❑ Provider billing error ❑ Processing error ❑ Unable to identify patient ❑ Multiple payments (If multiple members are affected, attach a copy of your Provider EOB or Provider Remittance with names highlighted.)	❑ Medical claim ❑ Capitation ❑ Other _____ _____ _____

Comments

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