Bcbs of illinois voluntary refund form

Precision Orthotics & Prosthetics Registration Form

(Please Print)

Today's date: Referring Physician: Date Last Seen:

PATIENT INFORMATION

Patient's Last name: First: Middle: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. Marital status (circle one): Single / Mar / Div / Sep / Wid

Is this your legal name? ☐ Yes ☐ No | If not, what is your legal name? | (Former name): | Birth date: / / | Age: | Sex: ☐ M ☐ F

Mailing Address: | Social Security #: | Contact #: ☐ Home ☐ Cell ☐ Work ( )

Email Address: | City: | State: | ZIP Code:

Diabetic: Yes/ No Type: 1/2 | Accident/Work Related: Yes/No | Date of Injury/Accident:

Choose (Referred to by-(please check one box): ☐ Dr. ☐ Insurance Plan ☐ Hospital

☐ Family ☐ Friend ☐ Close to home/work ☐ Yellow Pages ☐ Other ☐ Commercial ☐ Google/Internet search

- Have you in the last year, been admitted to a hospital for a surgical procedure? YES/NO
- If so, is it related to the injury you are being seen for today? Yes /No
- Do you live in a skilled Nursing Facility? Yes/No
- Have you received a same or similar item in the last 3 years? Yes/No

INSURANCE INFORMATION

[Please give your insurance card(s) to the receptionist.]

Responsible Party: | Birth date: / / | Address (if different): | Contact #: ( )

Existing Patient: ☐ Yes ☐ No

Occupation: | Employer: | Employer address: | Employer phone #: ( )

Please indicate Primary Insurance: | ID#: | Group#:

Payor: | Subscriber's SS#: | Birth Date: / /

Subscriber's name: | Birth date: / / | Address (if different): | Contact # ( )

Patient's relationship to subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other

Please indicate Secondary Insurance: | ID#: | Group#:

Payor: | Subscriber's Name: | Subscriber's SS#:

Patient's relationship to subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other

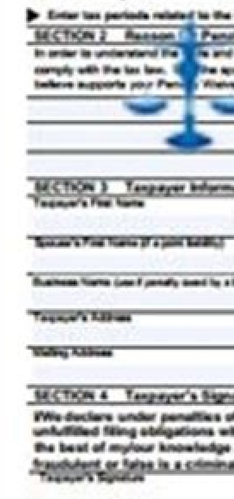
IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home ( )	Work ( )

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to Precision Orthotics and Prosthetics. I understand that I am financially responsible for any balance. I also authorize Precision O & P or insurance company to release any information required to process my claims.

Patient/Guardian signature
(Guardian Signature if Patient is under 18

Date



Blue Cross Blue Shield of Illinois

Provider Refund Form

Please submit returns to:
BlueCross and BlueShield of Illinois
PO Box 805107 Zip code 60680-4107

Provider Information:

Name:
Address:
Contact Name:
Phone Number:
Provider Number: NPI Number:

Refund Information:

1	GROUP# FROM POS	MEMBER I.D. FROM POS	MEM DATE	CLAIM/ICN #
	PATIENTS NAME	PROVIDER PAYEE #	LETTER REFERENCE #	REFUND AMOUNT
	REASON/REMARKS			
2	GROUP# FROM POS	MEMBER I.D. FROM POS	MEM DATE	CLAIM/ICN #
	PATIENTS NAME	PROVIDER PAYEE #	LETTER REFERENCE #	REFUND AMOUNT
	REASON/REMARKS			
3	GROUP# FROM POS	MEMBER I.D. FROM POS	MEM DATE	CLAIM/ICN #
	PATIENTS NAME	PROVIDER PAYEE #	LETTER REFERENCE #	REFUND AMOUNT
	REASON/REMARKS			
4	GROUP# FROM POS	MEMBER I.D. FROM POS	MEM DATE	CLAIM/ICN #
	PATIENTS NAME	PROVIDER PAYEE #	LETTER REFERENCE #	REFUND AMOUNT
	REASON/REMARKS			
5	GROUP# FROM POS	MEMBER I.D. FROM POS	MEM DATE	CLAIM/ICN #
	PATIENTS NAME	PROVIDER PAYEE #	LETTER REFERENCE #	REFUND AMOUNT
	REASON/REMARKS			
6	GROUP# FROM POS	MEMBER I.D. FROM POS	MEM DATE	CLAIM/ICN #
	PATIENTS NAME	PROVIDER PAYEE #	LETTER REFERENCE #	REFUND AMOUNT
	REASON/REMARKS			

SIGNATURE	DATE	CHECK NUMBER	CHECK DATE

How to check my state refund illinois. How do i file a claim with bcbs of illinois.

 File is in portable document format (PDF). To view this file, you may need to install a PDF reader program. Most PDF readers are a free download. One option is Adobe® Reader® which has a built-in reader. Other Adobe accessibility tools and information can be downloaded at You are leaving this website/app (“site”). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy. The following information does not apply to government programs (Medicare Advantage, Illinois Medicaid). It is provided as a general resource to providers regarding the overpayment recovery process that may be available for commercial claims. Participating providers should refer to their participating provider agreement and applicable provider manual for additional information. The Payment Recovery Program (PRP) allows BCBSIL to recoup overpayments made to BCBSIL contracting facilities and providers when payment errors have occurred. Overpayments may be identified by BCBSIL and/or the provider. Examples of overpayment reasons include: Claim was paid incorrectly, as per the provider’s contract Provider posted a credit for supplies or services not rendered Provider cancelled charge for any reason C.O.B. Credit or Duplicate Payment received by provider “Not our Patient” – Payment received by provider that did not render services Medicare Eligible or Workers Compensation payment already received When an overpayment is identified by BCBSIL, a refund request is sent to the provider (payee) explaining the reason for the request. Request for claim refund (RFCR) letters include a remittance form and return envelope. If a response is not received from the payee, a follow-up letter is sent. If a telephone or written response is not received, or if the amount of the overpayment is not returned within 30 days of the follow-up letter date, BCBSIL will recover the overpayment by offsetting current claims payments by the amount due. Details regarding the specific overpaid patient account, amount recouped and overpayment reason will appear on the paper Provider Claim Summary (PCS) or Electronic Remittance Advice (ERA), and the Uniform Payment Program (UPP) Monthly Statement, if applicable. Electronic Refund Management You may submit refunds online in real-time using our Electronic Refund Management (eRM) tool. The only prerequisite is registration with Availity®. Other features of eRM include: Electronic notification of overpayments identified by BCBSIL View, search, inquire, dispute, appeal a request online Recoupment reconciliation information Alternative payment options, such as pay by check or deduct from future payments Ability to submit unsolicited refunds The eRM tool also includes a Claim Inquiry Resolution (CIR) function, which enables you to submit a variety of online requests for reconsideration on finalized claims. Learn more about eRM now! Manual (Paper) Refund Processing Institutional providers must use the eRM tool to submit refunds to BCBSIL. Professional providers without eRM access may submit refunds to BCBSIL by mail. A Provider Refund Form must be submitted with your payment and remittance form to BCBSIL, Refund and Recovery, P.O. Box 94075, Palatine, IL 60094-4075. For more details, along with sample forms, letters, PCS and EPS, and related documents, see the Billing and Reimbursement section of the BCBSIL Provider Manual. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly. The forms in this online library are updated frequently—check often to ensure you are using the most current versions. Some of these documents are available as PDF files. If you do not have Adobe® Reader®, download it free of charge at Adobe's site. As of Oct. 1, 2019, we began using new addresses for remittance of claim overpayment refunds. If you do not participate in the Uniform Payment Program (UPP), we have a new address beginning Oct. 4, 2019, for remittance of your monthly contractual allowances, if applicable. To help avoid delays in the manual/paper refund process, please use the new addresses below. These new addresses also will appear on the remittance forms you receive in the mail with refund requests. Overpayment refunds and contractual allowances received at our old addresses will be forwarded for a minimum of 90 days. After the forwarding service ends, any payments submitted to the old addresses will be returned to the sender. Overpayment Refunds for Government Programs Claims Remittance Address: Blue Cross and Blue Shield of Illinois Claims Overpayments Dept. CH 14212 Palatine, IL 60055-4212 Courier Address: Blue Cross and Blue Shield of Illinois Claims Overpayments Box 14212 5505 North Cumberland Ave., Ste. 307 Chicago, IL 60656-1471 Overpayment Refunds for Commercial Claims (Professional)Contractual Allowances for Non-UPP Professional Providers

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