



BlueCross BlueShield
of Illinois

REFUNDS DUE TO BLUE CROSS

PROVIDER NUMBER 9999	NAME UPP PROVIDER	Provider address STREET ADDRESS, CITY, STATE, ZIPCODE	TELEPHONE NUMBER 000-999-9999
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57524746

GROUP NO 999999	SEC NO	MEMBER ID NUMBER 999999999	ADM. DATE MM/DD/YY	BC CASE NUMBER	REASONS /REMARKS OVERBILLING	
PATIENT NAME John Doe	LEDGER ACCT	Exc. 1	Sys.	Res.Ar	Doc. Rls. No.	AMOUNT 114.14

67521161

GROUP NO 999999	SEC NO	MEMBER ID NUMBER 999999999	ADM. DATE MM/DD/YY	BC CASE NUMBER	REASONS /REMARKS OVERPAYMENT/MEDICARE ELIGIBLE	
PATIENT NAME Jane Doe	LEDGER ACCT	Exc. 5	Sys.	Res.Ar	Doc. Rls. No.	AMOUNT 1,506.17

51316974

GROUP NO 999999	SEC NO	MEMBER ID NUMBER 999999999	ADM. DATE MM/DD/YY	BC CASE NUMBER	REASONS /REMARKS OVERPAYMENT/COB	
PATIENT NAME June Doe	LEDGER ACCT	Exc. 3	Sys.	Res.Ar	Doc. Rls. No.	AMOUNT 452.22

51450427

GROUP NO 999999	SEC NO	MEMBER ID NUMBER 999999999	ADM. DATE MM/DD/YY	BC CASE NUMBER	REASONS /REMARKS DUPLICATE PAYMENT	
PATIENT NAME Jim Doe	LEDGER ACCT	Exc. C	Sys.	Res.Ar	Doc. Rls. No.	AMOUNT 100.00

AUTHORIZED SIGNATURE	FSS	PAYE E	TRANS DATE MM/DD/YY	CHECK NUMBER UPP OFFSET	CHECK DATE MM/DD/YY	TOTAL AMOUNT REFUNDED 1,727.90	DOCUMENT NO.	CKTp	Jul Dt	Batch	Line
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