



**BlueCross BlueShield
of Illinois**

A Division of Health Care Service Corporation,
a Mutual Legal Reserve Company,
an Independent Licensee of the
Blue Cross and Blue Shield Association

300 East Randolph
Chicago, Illinois 60601 – 5099

Phone Number

Production Date

CLAIM INFORMATION

UPP PROVIDER

STREET ADDRESS

CITY STATE 99999-9999

Patient's Name: ANN SMITH

Claim Number: 987654321980X

Group/ID No: P88888 – XOH888888888

Service Dates: To

Prov. Pat. No.: 01L1111111

Provider Name: UPP Provider

Reference No.:

Dear Provider Name:

We periodically review claim payments previously made. Occasionally an error is brought to our attention or is discovered during our review.

In reviewing the claims for this patient, we found that an overpayment was made because benefits were incorrectly coordinated with another health insurance carrier. The correct benefit payment for the services received by this patient is \$501.00. However, on MM/DD/YY, a payment of \$550.00 was issued to you. We regret that this error was made, and we request that you send the overpayment of \$49.00 to us.

To ensure that you are properly credited for the refund, we also request that you complete the attached form and mail it along with your check, made payable to Blue Cross and Blue Shield, in the enclosed postage-paid envelope.

Thank you in advance for your cooperation.

Sincerely,

Refund Recovery Unit

For more information on how this overpayment was determined and calculated, please call 1-800-972-8088. If your patient is a Federal Employee, please call 1-800-972-8382.

Call the number shown at the top of this letter to provide information or inquire about your refund.