



**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 – XOH88888888

Service Dates: FROM TO

Prov. Pat. No.: 01L1111111

Provider Name: UPP Provider

Reference No.:

Dear Provider Name:

If your refund check is in the mail, please disregard this letter.

In our letter of MMDDYY, we stated that an error was found in a previous payment made to you.

As previously explained, we found that on MMDDYY an overpayment of \$49.00, under check #03222222, was made to you because benefits were incorrectly coordinated with another health insurance carrier. The correct benefit payment for the services received by this patient should have been \$501.00. 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 credited properly 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.

Unless we hear from you within 30 days, we will have no alternative but to deduct the refund from your future claim payments.

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.