



An Independent Licensee of the Blue Cross Blue Shield Association

Provider Self-Audits and Overpayments Form

Instructions for Providers: Highmark Health Options (HHO) cannot accept verbal requests to retract claim(s) overpayments. Providers may complete and submit this form for any self-identified overpayments to the HHO Financial Investigations and Provider Review (FIPR) Department.

Required fields are outlined in Red

I. Self-Audit / Overpayment Information

A. Reason for Refund:

If your reason is not listed in the dropdown OR relates to a Credit Balance OR if you are unable to identify the Member, do NOT use this form.

II. Type of Refund: (please check one)

Retraction Requested

(Claims less than 2 years old)

Check Provided

(Claims more than 2 years old)

II. Provider Information

Date: _____ Practice Name: _____ Provider Number: _____
Practitioner Name: _____ Phone Number: _____
Tax Identification Number: _____ NPI Number: _____
Contact Person at Provider's Office: _____
Contact Phone Number: _____ Contact E-mail Address: _____

III. Member/Claim Information: (Please use a separate sheet for additional Member/Claim Information)

| Member Name | Member ID | Date of Service | Claim Number | Refund Amount |
|-------------|-----------|-----------------|--------------|---------------|
|-------------|-----------|-----------------|--------------|---------------|

Other Information:
Period of Claims (based on dates of service): _____

Detailed Description of Overpayment:

IV. Other Required Information (as necessary for Provider Self-Audits)

Extrapolation Used?

***If a listing of claims is not provided, Highmark Health Options cannot guarantee that the claims will not be included in separate audits, for the same reason.**

Mail checks and copy of this form to:

Highmark Health Options
Attn: FIPR/Melissa Berdell
PO Box 890387
Camp Hill, PA 17089

For Claim Retraction ONLY mail this form to:

Delivery Code: FIPR
Attn: Melissa Berdell
Highmark Health Options
120 Fifth Avenue
Pittsburgh, PA 15222

Note: It is the responsibility of the Provider to ensure the Member's Protected Health Information (PHI) is sent to Highmark Health Options in a secure manner. If secure email or fax is not an option, mail the completed form to the address provided. Highmark Health Options is not responsible for any compromised PHI that is sent in an unsecure manner.

If you have problems completing this form, call the Fraud, Waste, and Abuse Hotline at 1-844-718-6400