

# OVERPAYMENT/VOUCHER DEDUCTION REQUEST



Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association

Submitted By	Provider Number	Date
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We request that a deduction be made on our payment voucher for the following:

Patient Name	Patient Account Number	Patient Birth Date
Service Dates		
Subscriber ID Number	Subscriber Name	

Claim Number: \_\_\_\_\_

**Reason for Deduction(s):**

Response to recoupment request

Other Insurance Payment      Amount Paid \$ \_\_\_\_\_      Patient Responsibility after Primary Carrier Payment \$ \_\_\_\_\_

By \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Duplicate Payment       Late Credit       Cancelled Charge       Third Party Payment

Other (Please Specify)

\_\_\_\_\_

\_\_\_\_\_

Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Regence has questions regarding this request, the person to contact at this provider's office is:

Name	Phone Number	Best Time to Contact
_____	_____	_____

MAIL OR FAX REQUEST TO:

FEDERAL EMPLOYEE PROGRAM (FEP) CLAIMS	REGENCE MEDADVANTAGE	ALL OTHER REGENCE CLAIMS
Regence BlueShield of Idaho Recovery ATTN: FEP Recovery - Mail Stop #9 P.O. Box 30270 Salt Lake City, UT 84130-0270  FAX: 1 (888) 875-6921	Regence BlueShield of Idaho Recovery ATTN: Regence MedAdvantage – M/S #SF2 201 High Street SE Salem, OR 97302  FAX: 1 (877) 264-4468	Regence BlueShield of Idaho Recovery ATTN: Overpayment Recovery – M/S #LD3N P.O. Box 1106 Lewiston, ID 83501  FAX: (208) 798-2047