

OVERPAYMENT/VOUCHER DEDUCTION REQUEST



Regence BlueShield 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:

BOEING CLAIMS	FEDERAL EMPLOYEE PROGRAM (FEP) CLAIMS	REGENGE MEDADVANTAGE CLAIMS	ALL OTHER REGENGE CLAIMS
Regence BlueShield Recovery ATTN: Boeing – M/S BU221 P.O. Box 91015 Seattle, WA 98111-9155	Regence BlueShield Recovery ATTN: FEP – M/S MK350 P.O. Box 91048 Seattle, Washington 98111-9148	Regence BlueShield Recovery ATTN: Regence MedAdvantage 201 High Street SE – M/S #SF2 Salem, OR 97302	Regence BlueShield Recovery ATTN: Overpayment Recovery P.O. Box 21267– M/S #S620 Seattle, WA 98111-3267
Fax: 1 (877) 357-3418	FAX: 1 (888) 875-6921	FAX: 1 (877) 264-4468	FAX: 1 (888) 335-2995