Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Anthem BlueCross BlueShield

Provider authorization to adjust claims and create claim offsets

Please submit this completed authorization form with all supporting documentation to ensure proper processing of your request to adjust claims, as detailed below. The adjustments will result in overpayments being withheld from future claims payments.

Provider name:	
Provider NPI:	
Provider tax identification number:	
Provider contact information:	

Cost Containment project number (if applicable):	
Document identification number (if applicable):	
Total recoupment dollar amount:	

Please list claim information below if the Cost Containment letter or other supporting claim/member details are not provided with this request.

Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			

https://mediproviders.anthem.com/in

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.
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Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			

If your request for recoupment exceeds the space provided, please attach an excel file that includes all the data noted above. For questions related to the completion of this form, please call the product-specific Provider Helpline at:

- Hoosier Healthwise: **1-866-408-6132**
- Healthy Indiana Plan: **1-800-345-4344**
- Hoosier Care Connect: **1-844-284-1798**

I authorize Anthem Blue Cross and Blue Shield to proceed with adjusting the claims as listed on this form or per separate document that supports this request.

_____ _____

Print name Signature

Return this form via:

Attn: Cost Containment – Disputes
Anthem Blue Cross and Blue Shield
P.O. Box 62427
Virginia Beach, VA 23466-2437
Fax: **1-866-920-1874**

Note: Do not use this form if you are submitting a refund check. If you would like to submit a refund, please use the refund notification form on our website at **https://mediproviders.anthem.com/in**. Mail a check along with the supporting documentation to:

Attn: Cost Containment – Payments
Anthem Blue Cross and Blue Shield
P.O. Box 933657
Atlanta, GA 31193-3657

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.