



P.O. Box 4194  
Woodland Hills, CA 91365

DATE

Provider Name  
Address  
City, ST. Zip code

Patient:  
ID #:  
Group #:  
Claim #  
Date(s) of service:  
Patient Account #:

Provider:                      Name  
   Address  
   City, ST, Zip code

TOTAL CHARGES	\$	
PREVIOUS BENEFITS	\$	
CORRECT BENEFITS	\$	AMOUNT DUE \$

Dear Provider (name):

The above information identifies a claim which was paid incorrectly, resulting in an overpayment to you.

The reason for this overpayment is:  
Reason stated

The above balance may be paid by check. Please send payment within 42 days.

All payments should be sent along with a copy of this letter to:

Overpayment Recovery  
P.O. Box 92420  
Cleveland, OH 44193

If you believe that this overpayment was created in error, please advise Anthem Blue Cross of your reason. Please send all overpayment correspondence to address listed at the upper left hand corner of this notice.

Please remember that the recovery procedures will begin in 42 days if Anthem Blue Cross does not receive notice from you.

2 BCTBCR 8/95

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We regret this error any inconvenience it may cause you. We appreciate your cooperation in this matter. If you have any questions pertaining to this overpayment, please call our overpayment recovery area at (818) 234-3289 between 8:30 AM and 4:30 PM Pacific Standard Time.

If you disagree with an Anthem Blue Cross claim or billing determination, or a request for reimbursement of any overpayment, or if you have a contract dispute, you may submit a provider dispute by mailing a written notice to us at P.O. Box 60007, Los Angeles, CA 90060-007. The written notice must include the provider name, tax identification number, description of dispute, and whether this is a single dispute or a multiple claims dispute. Disputes involving a claim, billing or overpayment must also include the service "From/To" date. Further instructions and forms are available via Anthem Blue Cross' web site at [www.anthem.com/ca](http://www.anthem.com/ca) or call the customer service number referenced on the member's identification card. State dispute resolution requirements are preempted by Federal law. If you have a dispute involving an Anthem Blue Cross Medicare+Choice member, please follow applicable Centers for Medicare & Medicaid dispute resolution procedures.

Sincerely,

Dean Scully  
Financial Operations

JB/T1L5

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(PLEASE RETURN THIS ENTIRE PAGE)

Provider name

Address

City, ST, Zip code

Date

MBS 662

Payee #

LOCATION X ADJ RSN: #

PATIENT

DATE OF SERVICE

GROUP #

ID#

CLAIM #

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JOHN DOE

-----  
1/1/08 – 1/7/2008

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12345

-----  
123A456789

-----  
07156471871

AMOUNT DUE : \$

MAKE CHECK PAYABLE TO:

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Overpayment Recovery  
P.O. Box 92420  
Cleveland, OH 44193

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