

Unsolicited Refunds Form



To submit a refund for claims filed to Blue Cross Blue Shield of North Dakota (BCBSND), please read the instructions and complete this form.

This form is not to be used for standard adjustments. If an adjustment to return or recoup money is unable to be completed due to timeliness, a detailed explanation as to why refund is needed will be required below.

If this form is not filled out in its entirety, it will be returned along with the refund. The request will need to be resubmitted with all required information.

Providers should follow the proper claim correction or void process as permitted and outlined in provider manual. If claim correction or void cannot be done, complete this form entirely.

Please return completed forms by mail:

Attn: Finance BCBSND
4510 13th Ave S
Fargo, ND 58121

**indicates required field*

Provider Information

Provider Name*

Contact Name*

Contact Phone Number*

NPI*

Member Information *(only one member per refund request)*

Last Name*

First Name*

Date of Birth* (mm/dd/yyyy)

Member ID Number*

Claim Number(s)*

Date(s) of Service* (mm/dd/yyyy)

Check Number*

Member Information *(only one member per refund request)*

Reason For Refund* *(Select all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Billed in error (please provide additional details in section below) | <input type="checkbox"/> No Fault with No Fault Carrier Explanation of Benefits |
| <input type="checkbox"/> Medicare with Medicare Explanation of Benefits | <input type="checkbox"/> Workers Compensation with Workers Compensation Carrier Explanation of Benefits |
| <input type="checkbox"/> Other insurance to include other insurance Explanation of Benefits | <input type="checkbox"/> Duplicate |
| <input type="checkbox"/> Subrogation with Subrogation Explanation of Benefits from Third Party Carrier | <input type="checkbox"/> Other – Specific and Detailed reason for refund in section below |

Note: *If you are submitting multiple claims for this member with different reasons for refunds, please fill out the checklist but also note the individual claim number and reason in the space below.*