



Request for Offset of a Medicare Advantage Overpayment

Use this form to initiate an immediate offset of an overpayment if you have received an overpayment from Blue Cross Blue Shield of Michigan for a Medicare Advantage claim. Using this form automatically generates the offset and you will not receive additional notification before the offset begins.

1. **Complete** the claim information and provider information in its entirety. If any information is missing, no offset action can be taken.
2. **Mail** to: COB & Recoveries
 Medicare Advantage
 P.O. Box 4027
 Southfield, MI 48037-4027

Fax to: 866-850-8253 **E-mail** to: MARecoveries@bcbsm.com

Claim(s) Information

Member Name	Member ID number	Date of service	Claim line number	CPT or HCPCS code	Claim control number	Full or partial refund? (F or P)	Amount of overpayment	Reason for refund

Provider Information

Name: _____ TIN: _____ PTAN: _____
 (last 5 digits) (if applicable)

Address: _____ NPI: _____

City/State/ZIP: _____

Contact name: _____ Phone number: _____

Signature of requestor: _____
 (signature stamp is acceptable)

Important: This process should be used only when BCBSM Medicare Advantage issued the check. If another Blue plan issued the check, please contact that plan.

Blue Cross Blue Shield of Michigan contracts with the federal government and is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.