



INSTIL® HEALTH

OVERPAYMENT REFUND FORM

Use this form when sending InStil Health unsolicited or voluntary refund checks:

To Be Completed by BlueCross BlueShield of South Carolina	
Date:	
Provider Deposit Control Number:	Date of Deposit:
Provider Contact Name:	Phone Number:
Provider Address:	
Provider Fax Number:	
To Be Completed by Provider/Physician/Supplier	
Please complete and forward to InStil Health at the address below. This form, or a similar document containing the following information, should accompany every voluntary refund so that receipt of check is properly recorded and applied.	
Provider Name:	
Address:	
Tax ID Number:	Check Number:
Contact Person:	Phone Number:
Amount of Check:	Check Date:
Refund Information	
<i>For each claim, provide the following:</i>	
Patient Name:	ID Number:
Claim Number:	Claim Amount Refunded:
Reason for Code Claim Adjustment: _____ (Select reason from list below. Use one reason per claim.) <i>(Please list all claim numbers involved. Attach a separate sheet, if necessary.)</i>	
Note: If specific Patient/ID Number/Claim Number/Claim Amount data is not available for all claims due to Statistical Sampling, indicate method and formula used to determine amount and reason for overpayment:	
For Institutional Facilities Only:	
Cost Report Year(s): (If multiple years are involved, provide a breakdown by amount and corresponding cost report year.)	
For OIG Reporting Requirements: Do you have a Corporate Integrity Agreement with OIG? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason Codes:	
Billing/Clerical Error	MSP/Other Payer Involvement
01 – Corrected Date of Service	08 – Other Commercial Carrier Primary
02 – Duplicate Payment	09 – Medicare Primary
03 – Corrected Code	
04 – Not Our Patient(s)	
05 – Modifier Added/Removed	
06 – Billed in Error	
07 – Incorrect Patient(s)	
	Miscellaneous
	10 – Services Not Rendered
	11 – Other (Please Specify)

Mail this form with your check to:

**InStil Health Insurance Company
Attn: Lock Box
P.O. Box 100216
Columbia, SC 29202-3216**