



Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association

Overpayment/Voucher Deduction Request

Submitted By _____ Provider Number _____ Date _____

We request that a deduction be made on our payment voucher for the following:

Patient Name _____ Patient Account Number _____

Patient Date of Birth _____ Service Dates _____

Subscriber ID Number

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 Subscriber Name _____

Claim Number _____

Reasons for Deduction(s):

Response to recoupment request

Other Insurance Payment

Amount Paid: \$ _____ Patient Responsibility: \$ _____
(After Primary Carrier Payment)

Policy Holder _____ Policy Number _____

Duplicate Payment

Third Party Payment

Late Credit

Cancelled Charge

Other (please specify) _____

Comments:

If Regence has questions regarding this request, the person to contact at this provider's office is:

Name _____ E-mail Address _____

Phone Number _____ Best time to contact _____

Mail, Email or Fax request to:

Federal Employee Program (FEP) Claims	All Other Regence Claims
Regence BlueShield of Idaho PO Box 1106 Lewiston, ID 83501 FAX: 1-888-335-2995	Regence BlueShield of Idaho PO Box 1106 Lewiston, ID 83501 Overpayment_Recovery@regence.com FAX: 1-888-335-2995

