

Regence BlueShield serves select counties in the state of Washington and 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	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	
	est, 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 PO Box 1106 Lewiston, ID 83501 FAX: 1-888-335-2995	Regence BlueShield PO Box 1106 Lewiston, ID 83501 Overpayment_Recovery@regence.com FAX: 1-888-335-2995