



PROVIDER VOLUNTARY REFUND FORM

(See attached instructions for proper use*)

Please submit refunds to:
ATTN: Cash Receipts
Blue Cross and Blue Shield of New Mexico
P. O. Box 27630 • Albuquerque, NM 87125

Provider Information

Name: _____
 Address: _____
 Contact Name: _____
 Phone Number: _____
 National Provider Identifier (NPI) Number(s): _____
 BCBSNM Provider Number or Tax ID Number: _____

Refund Information

Check Number: _____ Amount: _____

1 | Group Number: _____ Subscriber ID Number: _____
 Service Date: _____ Claim Number: _____
 Refund Amount: _____ Patient Name: _____
 Explanation: _____

INTERNAL USE ONLY Account: _____ Reason: _____ System: _____

2 | Group Number: _____ Subscriber ID Number: _____
 Service Date: _____ Claim Number: _____
 Refund Amount: _____ Patient Name: _____
 Explanation: _____

INTERNAL USE ONLY Account: _____ Reason: _____ System: _____

3 | Group Number: _____ Subscriber ID Number: _____
 Service Date: _____ Claim Number: _____
 Refund Amount: _____ Patient Name: _____
 Explanation: _____

INTERNAL USE ONLY Account: _____ Reason: _____ System: _____

4 | Group Number: _____ Subscriber ID Number: _____
 Service Date: _____ Claim Number: _____
 Refund Amount: _____ Patient Name: _____
 Explanation: _____

INTERNAL USE ONLY Account: _____ Reason: _____ System: _____

5 | Group Number: _____ Subscriber ID Number: _____
 Service Date: _____ Claim Number: _____
 Refund Amount: _____ Patient Name: _____
 Explanation: _____

INTERNAL USE ONLY Account: _____ Reason: _____ System: _____

*This form should only be used when the provider is sending in a refund with an attached check.

Provider Voluntary Refund Form Instructions

- This form should only be used when the provider has identified a refund is due to BCBSNM and would like to send in a voluntary check for the refund.
- If BCBSNM has requested a refund from the provider, please use the Refund Request Form mailed to you that includes a bar code at the top of the form. This will ensure proper routing of the solicited refund.
- If you need to notify BCBSNM of an identified refund that you would like to have deducted from future payments, complete the [Provider Request for Claim Review](#) form. This form can also be found in the Provider Library Forms section at www.bcbsnm.com/provider/.

Provider Information

Complete all of the Provider Information fields:

- Name
- Address
- Contact Name
- Phone Number
- National Provider Identifier (NPI)
- BCBSNM Provider Number or Tax ID Number

Refund Information

Complete all of the Refund Information fields:

- Group Number
- Subscriber ID Number
- Service Date
- Claim Number
- Refund Amount
- Patient Name
- Explanation

If more than five member account fields are needed, please use additional forms, attach all forms together and include the refund check.

Electronic Refund Management (ERM) is an online refund management tool that will help simplify overpayment reconciliation and related processes. The ERM application is available at **no additional charge**. For more information about ERM, visit www.bcbsnm.com/Provider in the Provider Tools section for [Electronic Refund Management](#).