HIGHMARK WHOLECARE

PROVIDER PORTAL **NEW**

Provider Self Audits/Overpayments Form

Instructions for Providers: Highmark Wholecare cannot accept verbal requests to retract claim(s) overpayments. Providers may complete and submit this form for any self-identified overpayments to the Highmark Wholecare Payment Integrity Department. *Required fields are outlined in Orange*

I. Self-Audit / Overpayment Information

A. Reason for Refund: Select Option

**If your reason is not listed in the drop down box, do NOT use this form. Please click on the "Refund Form" button and submit that form. ** Refund Form

B. Type of Refund: (please check one)

Retraction Requested (Claims less than 2 years old) ◉

Check Provided (Claims more than 2 years old) ○

RETRACTION

II. Provider Information

Date: _____ Practice Name: _____ Provider Number: _____

Practitioner Name: _____ Phone Number: _____

Tax Identification Number: _____ NPI Number: _____

Contact Person at Provider's Office: _____

Contact Phone Number: _____ Contact E-mail Address: _____

III. Member/Claim Information: (Please use a separate sheet for additional Member/Claim Information)

Member Name	Member ID	Date of Service	Claim Number	Refund Amount

Other Information:

Period of Claims (based on dates of service): _____

Detailed Description of Overpayment:

IV. Other Required Information (as necessary for Provider Self Audits)

Extrapolation Used? Yes

Extrapolation Method & Calculation:

*If a listing of claims is not provided, Highmark Wholecare cannot guarantee that the claims will not be included in separate audits, for the same reason.

PRINT SUBMIT

WARNING:

Once the Submit button is selected the form data will be cleared out. PLEASE be sure that the form is filled out in completion before submitting or the entered field data may be lost.

Please note that it is the responsibility of the Provider to ensure Member's Protected Health Information (PHI) is sent securely. If this is not an option, please send the completed form and any correspondence via mail. Highmark Wholecare is not responsible for any compromised PHI that is sent in an unsecure manner.

Mail checks with copy of this form to:
PNC Bank
c/o Highmark Wholecare
Lockbox #645171
500 First Ave.
Pittsburgh, PA 15219

For Claim Retraction ONLY mail this form to:
Delivery Code: FIPR
Attention: Melissa Berdell
Highmark Wholecare 120 Fifth Avenue Pittsburgh, PA 15222

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association (“Highmark Wholecare”).