



# Request for Offset of a Medicare Advantage Overpayment

Use this form to initiate an immediate offset of an overpayment if you have received an overpayment from Blue Cross Blue Shield of Michigan for a Medicare Advantage claim. Using this form automatically generates the offset and you will not receive additional notification before the offset begins.

1. **Complete** the claim information and provider information in its entirety. If any information is missing, no offset action can be taken.
2. **Mail** to: COB & Recoveries  
 Medicare Advantage  
 P.O. Box 441187  
 Detroit, MI 48244-1187

**Fax** to: 866-850-8253 **E-mail** to: [MARecoveries@bcbsm.com](mailto:MARecoveries@bcbsm.com)

**Claim(s) Information**

Member name	Member ID number	Date of service	Claim line number	CPT or HCPCS code	Claim control number	Full or partial refund? (F or P)	Amount of overpayment	Reason for refund

**Provider Information**

Name: \_\_\_\_\_ TIN: \_\_\_\_\_ PTAN: \_\_\_\_\_  
 (last 5 digits) (if applicable)

Address: \_\_\_\_\_ NPI: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Submitter name required: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Important:** This process should be used only when BCBSM's Medicare Advantage issued the check. If another Blue plan issued the check, please contact that plan.

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