Provider Claim Refund Form

Pennsylvania's Children's Health Insurance Program
We Cover All Kids.

Keystone First

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

Your satisfaction is important to us. To ensure your refund is handled to the best of our ability, we request that you fully complete the Provider Claim Refund Form. The form enables us to credit your account in a timely manner. If your refund contains more than one claim, please complete the attached form or attach your own file.

Provider information	
Date:	Provider name:
NPI:	TIN:
Provider address:	
Office contact:	Phone number:

Enrollee information				
Enrollee name	ID number	Date of service	Claim number	Refund amount
				$

Please note: If your refund contains more than one claim, please used the attached form (page 2) or attach your own file.

Type of refund	
☐ Medical overpayment	☐ Capitation
Other:	

Reason for refund	
☐ Other insurance (attach primary EOB)	☐ Subrogation
☐ Duplicate payment	☐ Claim was processed under the incorrect provider
☐ Incorrect provider cashed check	☐ Not our check
☐ Billing error	☐ Contract change or fee schedule update
☐ Eligibility	☐ Recovery project (please include project letter)
☐ Bonus payment	☐ Return supplies (durable medical equipment)
Other (Please provide details. "Overpayment" is not a valid reason.)	

All checks should be made payable to Keystone First – CHIP.

Mail to:
Keystone First – CHIP
Attention: Provider Refunds
P.O. Box 21152
Eagan, MN 55121

Additional Claim Form

If your refund contains more than one claim, please complete the attached form or attach your own file.

Enrollee name	ID number	Date of service	Claim number	Refund amount	Reasons for claim
				$	
				$	
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