

Wellmark Provider Refund/Overpayment Inquiry Form Instructions

This form is required by Wellmark anytime a paper check is sent to Wellmark for *only* the reasons listed below. All other overpayments must be handled through the inquiry or electronic corrected claim process to allow for funds to be auto recouped unless otherwise indicated by Wellmark. Follow the applicable process for any refunds/overpayments related to **Special Investigations Unit (SIU)** as defined in Chapter 13 of the [Claims Filing Guide](#). For **Medicare Advantage (MA)** refunds, refer to [Medicare Advantage \(MA\)](#) resources as this process *does not apply* to both these scenarios.

Complete and submit this form for one of the following reasons:

- Claim could not be adjusted according to Wellmark's guidelines. Examples include:
 - Inquiry submitted; Wellmark instructed provider to submit manual check. **(Required:** Correspondence number)
 - Original processed date exceeds Wellmark's adjustment timeliness policy but claim needs to be voided as billed in error.
 - Provider was contacted by a Wellmark Representative directing provider to return funds. **(Required:** reason for returning funds, name and contact info of Wellmark Representative, etc.)
 - **Other:** Use other only if one of the above reasons do not apply AND all attempts to have funds auto recouped have been exhausted.
- An accounts receivable (A/R) that has been open for greater than six months for Wellmark or two months for Federal Employee Program (FEP) and has not been recouped through the auto-recoup process or Cotiviti*. **Include** AR number, where applicable.

This form must be completed in its entirety, with all required fields populated to ensure proper posting. Submit up to 5 claims for one member/patient per form and a check to total the refund amounts listed. If more than 5 claims from the same member/patient, you may list additional claims for that member/patient on form. Make sure the total check equals the amount of each claim being returned per the form(s) attached. If Wellmark cannot determine where to apply funds, if the check does not total the refund amounts listed or payments are received outside the reasons above, the form(s) and check may be returned.

Note: If overpayment is received for an Out of State BlueCard Member, Wellmark will make every attempt to work with the member's plan to apply the funds however in the event the member's plan will not accept the funds, the check will be returned with an explanation.

For Iowa Providers, mail this [form](#) with check attached to:

Claims Financial Mail Station 4W675
Wellmark Blue Cross and Blue Shield of Iowa
PO Box 9232
Des Moines, IA 50306-9232

For South Dakota Providers, mail this [form](#) with check attached to:

Accounting Station 333
Wellmark Blue Cross and Blue Shield of South Dakota
PO Box 5023
Sioux Falls, SD 57117-5023

For more information refer to the [Claims Filing](#) and [Payment and Reports](#) sections of the [Wellmark Provider Guide](#).

**Cotiviti, an accounts receivable management company, works with Wellmark to resolve claims overpayments not already recovered by Wellmark.*