Horizon.
P.O. Box 11595
Newark, NJ 07193-1595

Date: 08/02/2021

K2853850 001077 002/003

SECOND NOTIFICATION

000001

WEST ORANGE FIRE DEPARTMENT
PO BOX 949
MATAWAN NJ 07747-0949

Recipient ID: 2260023960

Dear Health Care Professional:

In reviewing our records, we previously identified claim overpayments that Horizon Blue Cross Blue Shield of New Jersey made to you totaling $860.00.You were previously notified of these overpayments. Please see the enclosed claim listing that provides detailed information.

If you agree with the total amount on the enclosed overpayment claim list, please send a check in the amount of $860.00 made payable to Horizon Blue Cross Blue Shield of New Jersey within 30 calendar days. If you agree with some of the claims on the enclosed overpayment claim list, please indicate which claims you agree with by marking an (X) to the left of the claim number.

Please return the overpayment claim list with your check in the enclosed envelope. Due to a ruling by the 8th Circuit Court, we are no longer permitted to offset this overpayment from future claim payments. Therefore, we require the refund to be sent as a check.

If you have already returned this money to us, please disregard this notice.

If you have any questions regarding this request, or want to dispute any items on the overpayment listing, please call Customer Service at **1-888-435-4383**, Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time (ET).

Thank you for your prompt attention to this matter.

Sincerely,

SANDRA BELLOMO
VICE PRESIDENT
CALL CENTER, ENTERPRISE OPERATIONS

An Independent Licensee of the
Blue Cross and Blue Shield Association.

Recipient ID: 2260023960

Total Overpayment Amount: $860.00

Date: 08/02/2021

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Overpayment Listing

☐ Check here if payment is for all items on listing or check individual claim box for each claim included in your refund payment

☐ CLAIM NUMBER: NA 780272036534660 01 DATE SERVICE: 11/17/2020

SUBSCRIBER ID: DZVAN8116750 PATIENT NAME: GRIFFIN, VALERIE

OVERPAYMENT AMT: $860.00 PATIENT ACCT: 20031683A

OVERPAYMENT REASON:

THIS CLAIM HAS BEEN ADJUSTED DUE TO ADDITIONAL INFORMATION REVIEWED OR RECEIVED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CUSTOMER SERVICE.