Horizon

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

Date: 06/07/2024

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

Recipient ID: 2260023960

Dear Health Care Professional:

In reviewing our records, we recently discovered that Horizon Blue Cross Blue Shield of New Jersey made overpayments to you totaling $888.15. 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 $888.15 made payable to Horizon Blue Cross Blue Shield of New Jersey within 45 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: $888.15

Date: 06/07/2024

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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 780272326427490 01
DATE SERVICE: 07/23/2023
SUBSCRIBER ID: FJB20034465M
PATIENT NAME: LILOIA, MICHAEL
OVERPAYMENT AMT: $888.15
PATIENT ACCT: 23004343A

OVERPAYMENT REASON:

THIS CLAIM HAS BEEN ADJUSTED BECAUSE THE SUBSCRIBER'S AUTO INSURANCE IS PRIMARY.