



An Independent Licensee of the Blue Cross Blue Shield Association

REIMBURSEMENT RETURN FORM

Account Holder Information (please print)			Spending Account ID #								
<div>Last Name</div> <div>First Name</div> <div>Middle Initial</div> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Email address</div>			S	A							
			Social Security # (if SA# is not known)								
			Daytime Phone								
Returned Reimbursement Details											
Returned Amount: \$ _____											
Original Payment was:											
<input type="checkbox"/> Further Check or ACH:											
Original Check or ACH Date: _____ Original Check or ACH Amount: _____											
<input type="checkbox"/> Debit Card Purchase: Purchase Date: _____ Debit Card purchase paid from: <input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> HSA <input type="checkbox"/> VEBA											
Returned Payment by:											
<input type="checkbox"/> Returning Further Check											
<input type="checkbox"/> Returning Provider Check: Provider Name: _____ Provider Phone #: _____											
<input type="checkbox"/> Personal Check # _____											
<input type="checkbox"/> Use existing bank account on file at Further. Verify bank account number: _____											
To add new banking information, login to the Online Member Service Center at capbluecross.com/funds and access the "My Profile" page.											
Reimbursement Return Reason											
<input type="checkbox"/> Health plan adjusted the patient responsibility causing an overpayment from Further.											
Dates of Service: _____											
<input type="checkbox"/> Debit Card Purchase Returned											
<input type="checkbox"/> Other: _____											
Please attach a copy of the Explanation of Processing received with the reimbursement being returned.											
Signature											
To my knowledge, all information provided above is complete and accurate.											
Account Holder						Date					

Questions? Call Member Services at 877.293.7041.

Send via secured email only:
capitalbluecross.documents@helloofurther.com

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