

MEDICARE ADVANTAGE PROVIDER CHECK SUBMISSION

Use this **Provider Check Submission** form when you are submitting a check to Premera Medicare Advantage. After completing this form, attach your documentation and check to the form and return to the address below.

INSTRUCTIONS

1. Complete a form for each check submitted. All fields are required in order to process.
2. Print form and keep a copy for your records.
3. Mail check and form to:

**Premera Blue Cross
Medicare Advantage
P.O. Box 748643
Los Angeles, CA 90074-8643**

Provider Name						Date
Tax ID			NPI		Check #	
Telephone		Ext	Provider Representative			
Please indicate the member and claim information that the check will be applied to.						
Premera Member ID	Patient Name	Patient DOB	Premera Claim Number	Date of Service	Amount Over Paid	Reason for Refund

If you need assistance completing this form or have any questions, please contact us via email at Premera_Recoveries@advantasure.com or call our Premera MA plan at 888-850-8526.