

MEDICARE ADVANTAGE PROVIDER OFFSET REQUEST

Use this form to initiate an immediate offset when an overpayment by Premera Medicare Advantage has been identified by your office. Using this form authorizes an automatic offset and you will not receive additional notification before the offset is processed.

INSTRUCTIONS

- 1. Download form.
- 2. Complete the entire form. All fields are required to process.
- 3. Save form and submit electronically to premera_recoveries@advantasure.com or
- 4. Mail the form to: Medicare Advantage, P.O. Box 748643, Los Angeles, CA 90074-8643
- 5. Fill in row with information for each service line.

Provider Name			Tax ID			NPI	
Provider Representative			Telephone		Ext		Date
Claims Information							
Claim Number	Claim Line(s)	Date of Service	Procedure Code	Charge	Full(F)/Partial(P) Claim Refund	Overpayment Amount	Reason for Refund

If you have questions or need further assistance with completing this form, please call our Premera MA plan at 888-850-8526.