



Indiana Farm Bureau®

Health Plans

Insured by Members Health Insurance Company

Automatic Overpayment Recoupment Enrollment Form

Providers can elect to have overpayments to Indiana Farm Bureau Health Plans automatically withheld from future claim payments. Please complete the information below.

Please select one recoupment option:

- For the Billing Provider Tax ID and NPI, please withhold future overpayments.

(By checking this box, you agree to allow Indiana Farm Bureau Health Plans to deduct all identified overpayment amounts from future claim payments. Details regarding the deduction will be within your Remittance Advice for each adjusted claim.)

- Request to terminate my prior automatic recoupment option.

Reason: _____

(By selecting the termination option, you will receive a refund request letter for future claim overpayments.)

Please complete all fields. Both Billing Provider Tax ID and Billing Provider NPI are REQUIRED.			
Billing Provider Tax ID:		Billing Provider NPI:	
Billing Provider Name:			
Address:			
City, State ZIP:			
Who should we contact if we have a question?			
Contact Person:			
Title:			
Contact Number:		Ext:	
Signature of Authorized Personnel or Provider is REQUIRED			
Signature:		Title:	
Print Name:		Today's Date:	

If you have any questions, or need assistance with the completion of this form, please call Customer Service at 1-888-964-0314 Monday through Friday, 8 a.m. to 4:30 p.m. CST.

You may email this form to providers@fbhpservices.com or mail this form to following address:

Indiana Farm Bureau Health Plans
Attn: Provider Recoveries
PO Box 1424
Columbia, TN 38402-1424