

# Inpatient Hospital Bill Self-Audit Form

Participant's Name: \_\_\_\_\_

Participant's Benefit Identification Number (including alpha prefix): BVO\_\_\_\_\_

Company: Boise Cascade Company

Patient's Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital's Address: \_\_\_\_\_

Hospitalization Date(s): \_\_\_\_\_ to \_\_\_\_\_

Amount of Original Bill (\$): \_\_\_\_\_

Amount of Corrected Bill (\$): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** *If you find a hospital billing error that the hospital corrects, you can receive an Inpatient Hospital Bill Self-Audit Program reimbursement of 25% of the corrected error amount, up to a maximum of \$500 for each inpatient hospitalization. In order to qualify for reimbursement, the error must have impacted the actual benefit amount paid. You must submit this form to Blue Cross of Idaho **within 120 days** from the hospital discharge date to be eligible for an award.*

*See reverse for instructions for Inpatient Hospital Bill Self-Audit Program Procedures.*

## **For Blue Cross of Idaho Use Only**

Description of Error _____	
By _____	
Date _____	
The employee has achieved a hospital savings of \$_____.	
The Inpatient Hospital Self-Audit Program provides that the employee is eligible to receive an additional reimbursement of \$_____.	
_____ Verifier's Signature	_____ Date

# Inpatient Hospital Bill Self-Audit Program Procedures

1. Identify hospital billing errors; contact the hospital to request a corrected bill.
2. Complete and sign the Inpatient Hospital Bill Self-Audit Form.
3. Attach the hospital's original and corrected bills to the form.
4. Send the completed form and hospital bills to Blue Cross of Idaho, at the address below, **within 120 days from the hospital discharge date.**

***Physical Address:***

Blue Cross of Idaho  
3000 E Pine Avenue  
Meridian, Idaho 83642  
866-588-6173

***Mailing Address:***

Blue Cross of Idaho  
PO Box 7408  
Boise, Idaho 83707

***Fax:***

208-331-7493

5. Following verification by Blue Cross of Idaho and HR Services, a check for your share of the savings will be mailed to you.