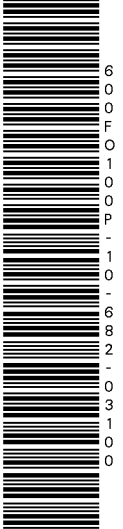




Learn about your letter at www.msprc.info



RE: Name:
HIC#:
Date of Incident:
Debt Identification No.:
Demand Amount:

Dear _____ :

This letter follows our earlier communication in which we advised you that you would have to repay Medicare for services paid conditionally related to the above-referenced beneficiary's liability claim. Medicare has a claim and is seeking recovery in the amount of _____.

The Medicare Secondary Payer (MSP) provisions of the statute, 42 U.S.C. 1395y(b)(2), preclude Medicare from paying for a beneficiary's medical expenses when payment "has been made or can reasonably be expected to be made under an automobile or liability insurance policy or plan (including a self-insured plan)." However, Medicare will pay for a beneficiary's covered medical expenses when the third party payer does not pay promptly, conditioned on reimbursement to Medicare from proceeds received from a third party liability settlement, award, judgment or recovery. In your case, Medicare made a conditional payment in the amount of _____ A list of the claims used to arrive at this total is enclosed.

Please mail a check or money order in the amount of _____, made payable to **Medicare** at:

The amount requested in this letter may not include payments received prior to the issuance of this demand letter dated _____. Upon issuing a check, please deduct previous payments made to the MSPRC for the above referenced debt.

Exercising Common Law authority and consistent with the Federal Claims Collection Act, interest will be assessed if this debt is not repaid in full within 60 days of the date of this letter. See also, 42 C.F.R. 411.24(m) for provisions specific to interest on MSP debt. If the debt is not fully resolved within 60 days of the date of this letter, interest is due and payable for each full 30 day period the debt remains unresolved. Interest will be assessed at an annual rate of _____. By law, all payments are applied to interest first, principal second.

Your failure to respond as requested within sixty (60) days of the date of this letter may result in the initiation of additional recovery procedures without further notice, including referral to the Department of Justice for legal action and/or the Department of the Treasury for other collection actions. You should be aware that the Debt Collection Improvement Act of 1996 requires Federal Agencies to refer debts to the Department of the Treasury or its designated debt collection center for recovery actions including collection by offset against any monies otherwise payable to the debtor by any agency of the United States and through other collection methods. Under this and other authorities (31 U.S.C. 3720A), the Internal Revenue Service may collect this debt by offset against tax refunds owed to individuals or other entities.

If the amount repaid for any services that appear on the enclosed payment summary is less than the amount that Medicare paid, provide an explanation of how the amount repaid was determined. If benefits have already been paid to the beneficiary or the provider of the services shown on the payment summary, provide an explanation of benefits or record of payment that includes the amount paid, date of services paid, dates paid, and name of payee.

If you have any questions about this letter, you may contact MSPRC LIABILITY at 1-866-677-7220 or the address above to discuss the repayment.

Sincerely,

Enclosure: Payment Summary Form

cc:

SGLDILNGHP