Part B Insider (Multispecialty) Coding Alert

Clip and Save: Ensure Payers Correctly Apply Every Refund That You Send

Use this sample letter to provide all of the information your payer needs.

When you send a refund to a payer, you want to be sure that it correctly applies the refund to the proper claim and patient. You can up your chances by always sending a standard form, such as this example, containing pertinent patient, claim, and payment information.

Date:

To: Payer Name
Payer Address
City, ST ZIP
Attention: Overpayment/Refund Department, reference number xxxxxx

RE: Patient Name
DOS: May 13, 2013
Insured ID # 123-456-7890
Provider Name: Jane Jones, M.D.
Provider ID# 00011122222

Dear Sir/Madam,

Please find enclosed check number 1234 in the amount of $100 pursuant to your request for refund dated June 10, 2013, reference number xxxxx as indicated in your follow up letter. An audit of the above referenced patient's account history, and our financial records validate that an overpayment has occurred.

Your acceptance and processing of this payment is considered paid in full for above referenced patient/member for dates of service indicated.

Due to the prompt nature of this refund, we expect that no inappropriate offsets will be taken from other patient payments, and should we find such activities are taken by you, we will be contacting the appropriate authorities.

Should you have questions or concerns, please do not hesitate to contact us at (123) 456-7890 Ext. 111.

Sincerely,

Billing Department

Cc: Patient Medical Record .