MSPRC

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Learn about your letter at www.msprc.info

insert name
insert address 1
insert address 2
insert city, state, zip code

Beneficiary Name: insert name
Medicare Number: insert HICN
Case Identification Number:
Insurer Claim Number: insert Insurer Claim Number or N/A if not available
Insurer Policy Number: insert Insurer Policy Number or N/A if not available
Date of Incident: insert DOI

THIS IS NOT A BILL. DO NOT SEND PAYMENT AT THIS TIME.

Dear insert name:

If we know you have an attorney or other individual representing you in this matter, we are sending him/her a copy of this letter. If you have an attorney or other representative for this matter and his/her name is not shown as a "cc" at the end of this letter (indicating that he/she is receiving a copy), please contact us immediately. If you have any questions regarding this letter and are represented by an attorney or other individual in this matter, you may wish to talk to your representative before contacting us.

This letter follows a previous letter notifying you/your attorney of Medicare's priority right to recovery as defined under the Medicare Secondary Payer provisions. Because you were involved in an automobile, slip and fall, medical malpractice, or some other type of liability claim, the medical expenses are subject to reimbursement to Medicare from proceeds received pursuant to third party liability settlements, awards, judgments, or recovery.

However, we request that you/your attorney refrain from sending any monies to Medicare prior to submission of settlement information and receipt of a demand/recovery calculation letter from our office. This will eliminate underpayments, overpayments, and/or associated delays.

As of the date of this letter, Medicare has identified in conditional payments that we believe are associated with your claim, based upon the available information. You/ your attorney will find a listing of claims that comprise this total as an attachment to this letter. Please review this listing and inform us if you/ your attorney disagree with the inclusion of any claim, along with an explanation of why you/ your attorney disagree. If you/ your attorney believe this listing

to be incomplete or inaccurate, please include a description of the injury with other correspondence so that your claims may be accurately identified.

Please note: If the underlying claim involves ingestion, exposure, implantation, or other non-trauma based injury, this conditional payment amount will need to be revised. Please contact the MSPRC immediately with a description of the injury so that we may associate the appropriate claims with the case.

We have posted this conditional payment information under the "MyMSP" tab of the www.mymedicare.gov website. The information at www.mymedicare.gov will be updated weekly with any changes or newly processed claims. If you wish, you may track the medical expenses that were paid by Medicare, and if you have an attorney or other representative, provide him/her with this information. This may help you/ your attorney with finalizing your settlement.

Please be advised that we are still investigating this case file to obtain any other outstanding Medicare conditional payments. Therefore, the enclosed listing of current conditional payments (including a response of zero amount) is not a final listing and will be updated once we receive final settlement information from you. It is in your best interest to keep Medicare's payments and the statutory obligations to satisfy Medicare in mind when the final dollar amount is negotiated and accepted in resolution of this claim with the third party.

If the case has settled, please furnish our office with a copy of:

1) The settlement agreement from the third party payer showing the total amount of the settlement, signed and dated, AND

2) Your closing statement reflecting the actual amount of the attorney's fees and cost (excluding medical bills)

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address below. If you contact us in writing, please be sure to include the beneficiary's name and Medicare health insurance claim number.

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Medicare Secondary Payer Recovery Contractor
<select option>
PO Box <select option>
Oklahoma City, OK 73113

Sincerely,

MSPRC

insert site identifier

insert cc: