

**MCA ADMINISTRATORS, INC.  
MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

Donald Wasson  
11179 Suzanne Dr Lot 28  
Meadville, PA 16335

ENROLLEE : Donald Wasson                      GROUP NO: 0040  
SOC SEC : XXX-XX-XXXX                      CLAIM NO: 21821296300  
PATIENT: Jessie Wasson                      DATE OF SERVICE: 11/15/18  
PROVIDER: Meadville Obstetrics & Gynecology

Dear MR. Wasson:

We have recently received a claim on the above named patient. In order to process the claim, please provide the following information:

1) Is your spouse currently employed? \_\_\_\_ If yes, please provide the complete name & address of his/her employer.

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2) Is group coverage for Medical \_\_\_\_; Vision \_\_\_\_; and/or Dental \_\_\_\_ provided by his/her employer? Please provide the carrier's name and address, along with policy numbers for any coverage identified as "yes" above.

Effective Date of Plan: \_\_\_\_\_

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3) Please advise if your spouse's plan provides single \_\_\_\_ or family \_\_\_\_ coverage. If "family", please identify any covered children, and specific coverage carried (M,D, or V).

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4) Is Medical, Dental or Vision coverage provided for any dependent children by a natural parent, or has such coverage been ordered through the courts (i.e. divorce decree, etc.)? If so, please provide the natural parent's name, along with coverage details, including carrier information.

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5) Are you, your spouse or any other family member entitled to Medicare part A and/or part B. \_\_\_\_ If yes, please provide a copy of your Medicare card. Is the Medicare coverage due to your a) age being over 65 year \_\_\_\_, b) a disability \_\_\_\_ or c) End Stage Renal Failure \_\_\_\_\_. If c) please provide the first date of dialysis for COB purposes.

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Effective Date of Plan: \_\_\_\_\_

I certify that the above statements are true and complete to the best of my knowledge.

Signature of Enrollee \_\_\_\_\_ Date \_\_\_\_\_

Since it cannot be determined if the charges contained on the above referenced claim represent eligible expenses under the Plan without the requested information, the claim has been denied. If the necessary information is

furnished within 45 days of the receipt of this request, this claim and any related claims will be reconsidered for payment.

PLEASE BE ADVISED IF THIS QUESTIONNAIRE IS NOT RETURNED TO THE ABOVE ADDRESS, YOUR CLAIMS MAY BE DELAYED AND/OR DENIED. ALSO, ANY DISCOUNTS APPLIED TO YOUR CLAIMS MAY NOT BE HONORED.

PLEASE RETURN THIS FORM TO MCA BY MAIL TO THE ABOVE ADDRESS OR BY FAX TO 412-202-5763.

Sincerely,

MCA Claims Department

**MCA ADMINISTRATORS, INC.  
MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

James Martin  
61 Windy Ridge  
Morgantown, Wv 26501

ENROLLEE: James Martin  
PATIENT : Rhonda Martin  
GROUP NUMBER:0329  
CLAIM NO: 21821251100  
PROVIDER: Mon Health Medical Center  
Dear MR. Martin:

We have received a claim from the provider listed above for services on 11/11/18. These services appear to represent treatment of an injury. In order to process your claim we need additional information. (Please respond to each question. If not appropriate to your situation, please answer "no" to that question).

Please respond to the following:

1. Date and time of accident? \_\_\_\_\_
2. Where did accident happen? \_\_\_\_\_
3. Description of accident? \_\_\_\_\_
4. Was the injury work related? \_\_\_\_\_
5. Have medical bills been submitted to any other insurance carrier? \_\_\_\_  
If yes, provide name, address and appropriate policy numbers.
6. Are you being represented by an attorney? \_\_\_\_ If yes, please provide  
his/her name and address. \_\_\_\_\_
7. If an auto accident, please provide the following:
  - A. Number of vehicles involved. \_\_\_\_\_
  - B. Location of accident (City, County, State). \_\_\_\_\_
  - C. Copy of Police Report.
  - D. Payout ledger from Auto carrier showing medical payments made.

Since it cannot be determined if the charges contained on the above referenced claim represent eligible expenses under the Plan without the requested information, the claim has been denied. If the necessary information is furnished within 45 days of the receipt of this request, this claim and any related claims will be reconsidered for payment.

**PLEASE BE ADVISED IF THIS QUESTIONNAIRE IS NOT RETURNED YOUR CLAIM WILL REMAIN DENIED. PLEASE RETURN THIS FORM TO MCA BY MAIL TO THE ABOVE ADDRESS OR BY FAX TO 412-202-5763.**

Sincerely,  
MCA Claims Department

**MCA ADMINISTRATORS INC.  
MANOR OAK TWO SUITE 605, 1910 COCHRAN ROAD  
PITTSBURGH PA 15220  
800-922-4966**

November 30, 2018

Ati Physical Therapy  
4947 Paysphere Circle  
Chicago, IL 60674

GROUP NO: 778      Ringgold Telephone Company  
PATIENT : Joan Albert      CLAIM NO: 21821216700  
ENROLLEE: Joan Albert      INCURRED: 11/15/18  
I D NO. : 02716a94889      AMOUNT : \$214.74  
PT ACCT#:

To Whom it May Concern:

We have received the above-mentioned claim for Joan Albert. In order to process this claim we will need the following additional information:

**NEED UPDATED TREATMENT PLAN FOR CONTINUATION OF PHYSICAL THERAPY BEGINING WITH DOS 11/15/2018.**

Please submit an updated order for therapy beginning with date of service to include the area to be treated and the frequency and duration. Please submit a copy of the re-evaluation and progress notes.

Since it cannot be determined if the charges contained on the above referenced claim represent eligible expenses under the Plan without the requested information, the claim has been denied. If the necessary information is furnished within 45 days of the receipt of this request, this claim, and any related claims, will be reconsidered for payment.

Sincerely,

MCA Claims Department

**MCA ADMINISTRATORS, INC.  
MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

Buck Chewning  
105 Olin Drive  
Woodsfield, OH 43793

ENROLLEE: Buck Chewning  
PATIENT : Buck Chewning  
GROUP NUMBER:0361  
CLAIM NO: 21821319500  
PROVIDER: Grant Medical Center  
Dear MR. Chewning:

We have received a claim from the provider listed above for services on 11/15/18. These services appear to represent treatment of an injury. In order to process your claim we need additional information. (Please respond to each question. If not appropriate to your situation, please answer "no" to that question).

Please respond to the following:

1. Date and time of accident? \_\_\_\_\_
2. Where did accident happen? \_\_\_\_\_
3. Description of accident? \_\_\_\_\_
4. Was the injury work related? \_\_\_\_\_
5. Have medical bills been submitted to any other insurance carrier? \_\_\_\_  
If yes, provide name, address and appropriate policy numbers.
6. Are you being represented by an attorney? \_\_\_\_ If yes, please provide  
his/her name and address. \_\_\_\_\_
7. If an auto accident, please provide the following:
  - A. Number of vehicles involved. \_\_\_\_\_
  - B. Location of accident (City, County, State). \_\_\_\_\_
  - C. Copy of Police Report.
  - D. Payout ledger from Auto carrier showing medical payments made.

Since it cannot be determined if the charges contained on the above referenced claim represent eligible expenses under the Plan without the requested information, the claim has been denied. If the necessary information is furnished within 45 days of the receipt of this request, this claim and any related claims will be reconsidered for payment.

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PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21803713100  
Group: 301 Wellmont Health System  
Claimant: Linda Derossett  
Service Date: 02/06/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

The original request is attached for your convenience to provide details.

If you have sent the refund and it is on the way please disregard this letter. If your refund was forwarded more than 60 days ago, please contact our Customer Service department to check status of the refund credit.

Thank you for your immediate attention to this request. Refunds should be mailed to the above address, Attention: Refund Department.

Sincerely,

Refund Department

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MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21803713200  
Group: 301 Wellmont Health System  
Claimant: Linda Derossett  
Service Date: 02/06/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21803991800  
Group: 301 Wellmont Health System  
Claimant: Margaret Brown  
Service Date: 02/13/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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PITTSBURGH, PA 15220  
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November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21804661300  
Group: 301 Wellmont Health System  
Claimant: Brandy Venable  
Service Date: 02/12/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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Sincerely,

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PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21804897000  
Group: 301 Wellmont Health System  
Claimant: Donald Witt  
Service Date: 02/19/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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Sincerely,

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PITTSBURGH, PA 15220  
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November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21805025100  
Group: 301 Wellmont Health System  
Claimant: Alice Henson  
Service Date: 02/16/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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PITTSBURGH, PA 15220  
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November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21805028800  
Group: 301 Wellmont Health System  
Claimant: Kimberly Kestner  
Service Date: 02/23/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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Sincerely,

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PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21803991300  
Group: 301 Wellmont Health System  
Claimant: Sarah Grindstaff  
Service Date: 02/12/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21806792000  
Group: 301 Wellmont Health System  
Claimant: Roy Begley  
Service Date: 03/07/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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Sincerely,

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MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21806792100  
Group: 301 Wellmont Health System  
Claimant: Roy Begley  
Service Date: 03/07/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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Sincerely,

Refund Department

**MCA ADMINISTRATORS, INC.  
MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21806792200  
Group: 301 Wellmont Health System  
Claimant: Roy Begley  
Service Date: 03/07/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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Sincerely,

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**MCA ADMINISTRATORS, INC.  
MANOR OAK TWO, SUITE 605  
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PITTSBURGH, PA 15220  
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November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21811637000  
Group: 301 Wellmont Health System  
Claimant: Heather Basham  
Service Date: 05/02/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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PITTSBURGH, PA 15220  
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November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21811635200  
Group: 301 Wellmont Health System  
Claimant: Cara Bowery  
Service Date: 05/02/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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Sincerely,

Refund Department

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MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21805030600  
Group: 301 Wellmont Health System  
Claimant: Nickolas Church  
Service Date: 02/22/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21805030500  
Group: 301 Wellmont Health System  
Claimant: Nickolas Church  
Service Date: 02/22/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21805576800  
Group: 301 Wellmont Health System  
Claimant: Isaiah Austin  
Service Date: 02/23/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21811637100  
Group: 301 Wellmont Health System  
Claimant: Kimberly Hensley  
Service Date: 05/03/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21805567100  
Group: 301 Wellmont Health System  
Claimant: Pamela Kramer  
Service Date: 02/23/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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If you have sent the refund and it is on the way please disregard this letter. If your refund was forwarded more than 60 days ago, please contact our Customer Service department to check status of the refund credit.

Thank you for your immediate attention to this request. Refunds should be mailed to the above address, Attention: Refund Department.

Sincerely,

Refund Department

**MCA ADMINISTRATORS, INC.  
MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21811908100  
Group: 301 Wellmont Health System  
Claimant: Jill Lambert  
Service Date: 05/09/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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**MCA ADMINISTRATORS, INC.  
MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 41691  
Philadelphia, PA 19101

RE: OVERPAYMENT REQUEST on Claim: 21805791100  
Group: 301 Wellmont Health System  
Claimant: Bradley Loggans  
Service Date: 03/02/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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Sincerely,

Refund Department

**MCA ADMINISTRATORS, INC.  
MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21811742400  
Group: 301 Wellmont Health System  
Claimant: Evan Miller  
Service Date: 05/15/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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Sincerely,

Refund Department

**MCA ADMINISTRATORS, INC.  
MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21811635900  
Group: 301 Wellmont Health System  
Claimant: Abby Vanburen  
Service Date: 05/03/18

Dear Sir/Madam:

We have previously requested an overpayment on the above referenced claim. To date we do not show we have received your refund. Please contact us at once if you require additional information to process the refund requested. The money does not legally belong to you. A corrected EOB will be forwarded when the refund is received and credited in our system or you can request a copy if required to make the refund.

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Sincerely,

Refund Department

**MCA ADMINISTRATORS, INC.  
MANOR OAK TWO, SUITE 605  
1910 COCHRAN ROAD  
PITTSBURGH, PA 15220  
800-922-4966**

November 30, 2018

FINAL OVERPAYMENT REQUEST

Quest Diagnostics  
Po Box 822546  
Philadelphia, PA 19182

RE: OVERPAYMENT REQUEST on Claim: 21811635100  
Group: 301 Wellmont Health System  
Claimant: Abby Vanburen  
Service Date: 05/03/18

Dear Sir/Madam:

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Refund Department