

March 30, 2022



699 4 AB 1.383

***AUTOALL FOR ADC 320 R:699 T:9 P:9 PC:18 F:2145102

MORGAN & MORGAN, P.A.

76 S LAURA ST STE 1100

JACKSONVILLE, FL 32202-5413

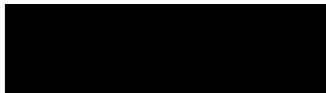
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For Information Only

March 30, 2022

699 4 AB 1.383

***AUTOALL FOR ADC 320 R:699 T:9 P:9 PC:18 F:2145102



**CONDITIONAL
PAYMENT NOTICE**
This is NOT a Bill

Current Conditional Payment Amount: \$584.79
RESPONSE DUE BY: April 29, 2022

Beneficiary Name:

Medicare ID:

Date of Incident:

Case Identification Number:

A*****1172

July 29, 2021

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

Please also be advised the enclosed listing of current conditional payments may not be final.

Subject: Beneficiary Conditional Payment Notification

Dear



If we know you have a representative for this matter, we are sending him/her a copy of this letter. 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 of recovery as defined under the Medicare Secondary Payer provisions. Conditional Medicare payments for Medicare Part A and Part B Fee-for-Service claims have been made that we believe are related to your case for the Date of Incident listed above.

The Centers for Medicare & Medicaid Services (CMS) has been notified that you have received a settlement, judgment, award, or other payment related to your case for the Date of Incident listed above; therefore, these conditional payments are subject to reimbursement. If you fail to respond to this Conditional Payment Notice, or if after reviewing your response we still determine that Medicare has made conditional payments that must be repaid, you will get a demand letter. The demand letter will explain how Medicare calculated the amount it needs to be repaid. It also explains your appeal and waiver of recovery rights. If you paid attorney fees and costs in order to get your settlement, please send us an itemized list of those fees and costs by April 29, 2022. If we do not get this information by the due date, the demand amount will not be reduced by a share of your fees and costs.

As of the date of this letter, and the information provided to us, Medicare has identified \$584.79 in conditional payments that we believe are associated with your case. Currently, the Benefits Coordination & Recovery Center (BCRC) has the following information that will be used to calculate the Medicare demand amount for this case. If this information is inaccurate, please provide the correct information by the response date at the top of this letter.

Settlement Date: December 22, 2021

Settlement Amount: \$10,000.00

Attorney Fees: \$0.00

Attorney Percentage: 0%

Procurement costs: \$0.00

A listing of Part A and Part B Fee-for-Service claims that comprise this total is enclosed with this letter; please review this listing and the amounts above carefully and let us know as soon as possible if this information is incorrect or inaccurate.



For more information, including how you can repay Medicare's Conditional Payment using a Fixed Percentage option, please visit www.CMS.gov or contact the Benefits Coordination & Recovery Center (BCRC) by phone at 1-855-798-2627 (TTY/TDD for the hearing or speech impaired: 1-855-797-2627), in writing at the address below, or by fax to 405-869-3309. When sending correspondence, please include the Beneficiary Name, Medicare ID, Case Identification Number (shown above), and a page of this letter.

Sincerely,

BCRC

CC: MORGAN & MORGAN, P.A.

Enclosure: Payment Summary Form

COPY





Payment Summary Form



Report Number: RMCAN - 5-5

Contractor: NGHP

Date:: 03/30/2022

Time: 06:15:28

Page 5 of 6

Beneficiary Name:



Case ID:



Beneficiary Medicare ID:

Case Type: L – Liability

Date of Incident: 07/29/2021

Reported Diagnosis Codes: M25559, M542, M545

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / CPT/DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
71	822221326387440	001	00882	HARTSFIELD, PAUL F / 1912109166	ICD-10	M2550, M549	H: 99214	09/16/2021	09/16/2021	\$172.00	\$104.01	\$104.01
71	822221329049010	001	00882	MACDONALD, IAN D / 1780063982	ICD-10	M50023, M4316, M4722, M4802, M48061, M533, M5450	H: 99205	11/08/2021	11/08/2021	\$627.00	\$151.98	\$151.98



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TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / CPT/DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
71	822221329049010	002	00882	MACDONALD, IAN D / 1780063982	ICD-10	M50023 , M4316, M4722, M4802, M48061, M533, M5450	H: 72110	11/08/2021	11/08/2021	\$145.00	\$33.58	\$33.58
71	822221337129410	001	00882	CHANDLER III, GILBERT S / 1003807272	ICD-10	M461	H: 27096	11/12/2021	11/12/2021	\$790.00	\$132.37	\$132.37
71	822221337129410	003	00882	CHANDLER III, GILBERT S / 1003807272	ICD-10	M461	H: Q9967	11/12/2021	11/12/2021	\$2.00	\$0.00	\$0.00
71	822221355054530	001	00882	CHANDLER III, GILBERT S / 1003807272	ICD-10	M461	H: 27096	11/29/2021	11/29/2021	\$790.00	\$132.37	\$132.37
71	822221355054530	003	00882	CHANDLER III, GILBERT S / 1003807272	ICD-10	M461	H: Q9967	11/29/2021	11/29/2021	\$4.00	\$0.00	\$0.00
71	822221343254030	002	00882	COX, KELLY L / 1366609570	ICD-10	K8689	H: A9585	11/30/2021	11/30/2021	\$154.10	\$30.48	\$30.48



**H - HCPCS Code, D - DRG Code

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Applicable FARS\DFARS Restrictions Apply to Government Use.

***Part-A Claim Primary Diagnosis Code is denoted in bold font

Sum of Total Charges	\$2,684.10
Total Reimbursed Amount	\$584.79
Total Conditional Payments	\$584.79

This document was split from
an envelope that contained
mail for multiple clients





DFE – 1101866293