

FAX	To:	18185650047
	Fax No:	18185650047
	From:	APU Reply
	Contact No:	
	Date:	07-24-2025 12:00 PM
	Subject:	SECURE: Insurance refund request notification, Customer Number 201868419-01
	No. of Pages (with cover):	2



Hello EMPIRE DENTAL GROUP AND ORTHODONTICS,

United Healthcare has contracted with Asset Protection Unit, Inc. (APU) to implement an automated auditing and overpayment recovery process. APU is a business associate of United Healthcare under the Health Insurance Portability and Accountability Act (HIPAA) and has entered into appropriate agreements with United Healthcare to maintain the confidentiality of protected health information. APU has submitted an insurance refund request to you in writing within the past 30 days, the total amount being requested is \$886.04.

Please review the request we submitted for processing. Note: **We are unable to offset or recoup the overpaid funds, a check must be issued to resolve these claims.**

Items currently open on our request include:

Policy Holder Name	Policy Number	Claim	Birth Date:	DOS	Nature of error	Account	APU Reference #	Claim OP
JAYDEN APELIAN	U98043558	242685595000	01/09/2006	02/23/2024	Paid after Termination	Unknown	6250115407	\$522.00
SILVIA MUNOZ	C40281478	232030457800	12/26/1955	10/27/2023	Paid After Termination	Unknown	4240111288	\$137.00
PIPPA KEARSLEY	911638558	250234522801	05/16/2013	01/12/2025	Paid on Wrong Network	Unknown	7250111749	\$227.04
								886.04

If you have any questions please reach out to us. Please provide customer number **201868419-01** when contacting us.

These overpayment(s) may be resolved by remitting payment to:

United Healthcare  
C/O Asset Protection Unit  
PO BOX 30969  
Amarillo Texas 79120

Your timely assistance in paying these open claims (especially those in excess of 30 days) is greatly appreciated.

Thank you,

APU Recovery Team  
+1 (888) 505-1400  
reply@apuinc.com

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