



FAX

Tony Moore
 AfterMath Claim Science, Inc.
 1212 S. Naper Blvd.
 Suite 119-262
 Naperville, IL 60540
 Telephone: (630) 392-2946
 Fax: (630) 392-2947
 E-Mail: TMoore@AfterMathClaims.com

Provider Name: Yassin, Mahmoud M.

To:	Yassin Pediatrics/Billing Refund Unit	From:	Tony Moore
Fax:	(609) 242-1906	Pages:	4, Including Cover
Phone:	(609) 971-0010	Date:	11/23/2011
Re:	Claim Overpayment Audit Report	File #:	1335979

Yassin Pediatrics/Billing Refund Unit,

I would appreciate it if you could please fax or email me to confirm that you have received this fax. If you have any questions regarding these claims, please feel free to contact me. All of my contact information is at the top of this sheet.

Thank you,
 Tony Moore

CONFIDENTIAL NOTICE:

The document/s accompanying this facsimile transmission contains confidential and legally privileged information belonging to the sender. The information is intended for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying distribution or taking of any action in reliance on the contents of this facsimile information is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone to arrange for the return of the original document to us.

Aftermath Claim Science, Inc. is an authorized agent of Aetna, Inc.



Dianne Greenwald
Manager, Vendor Programs
NCO Overpayment Recovery

1425 Union Meeting Road
Blue Bell, PA 19422
Mailstop – U22N

November 23, 2011

To: Yassin, Mahmoud M.

In a continuing effort to manage and control the cost of health care for our members, Aetna has contracted with AfterMathSM Claim Science, Inc. to perform refund recovery on our behalf.

This letter authorizes you to issue refund payments to AfterMath Claim Science, Inc., for refunds that they have requested on behalf of Aetna. AfterMath Claim Science, Inc. is an agent of Aetna and provides identification and recovery of claim overpayments. AfterMath Claim Science, Inc. is a "Business Associate" of Aetna as defined in 45 C.F.R. §164.103 (HIPAA).

Please review the attached information and remit a refund within 45 calendar days following receipt of this letter. All refunds are to be made payable to AfterMath Claim Science, Inc.

Please remit a refund of \$115.13 to:

**AfterMath Claim Science, Inc.
1212 S. Naper Blvd., Suite 119-262
Naperville, IL 60540**

If the refund has not been received within 45 calendar days of this request, we may deduct the refund amount from future remittances.

If you have questions or require additional information about this request for refund of overpayment, please contact AfterMath Claim Science, Inc. at (630) 392-2946 or you may submit your written questions or request for additional information to AfterMath Claim Science, Inc. at the above address. Please be sure to include a copy of the overpayment letter in your correspondence to AfterMath Claim Science, Inc.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads 'Dianne Greenwald'.

Dianne Greenwald

File # 1335979



**Aetna Claim Audit Report and Refund Detail
Termination of Coverage**

**Date: 11/23/2011
File Number: 1335979**

Yassin, Mahmoud M.
115 Lacey Road,
Forked River, NJ 08731

Member Name:	THERESA SODEN
Member ID:	W185867770
Provider Name:	Yassin, Mahmoud M.
Account Number:	CMDYP1A8641
Claim #:	ELYZS99KG00
Service Date:	09/13/2011
Billed Charges:	\$120.00
Total Payment:	\$71.62
Check Date:	09/16/2011
Check Number:	
Refund Reason:	Retro-Active Disenrollment
Termination Date:	05/13/2011

Please include a copy of this letter to ensure proper routing of your payment.

SHOULD YOU PREFER TO HAVE THIS REFUND REQUEST RETRACTED FROM FUTURE REMITTANCES, PLEASE AUTHORIZE BY SIGNING AND DATING BELOW. PLEASE FAX THIS SIGNED REPORT TO THE CONTACT NAMED BELOW.

Signature

Date

Contact Information:

Tony Moore
1212 S. Naper Blvd., Suite 119-262
Naperville, IL 60540

Phone: (630) 392-2946
Fax: (630) 392-2947
E-Mail: TMoore@AfterMathClaims.com



**Aetna Claim Audit Report and Refund Detail
Termination of Coverage**

**Date: 11/23/2011
File Number: 1335979**

Yassin, Mahmoud M.
115 Lacey Road,
Forked River, NJ 08721

Member Name:	THERESA SODEN
Member ID:	W185867770
Provider Name:	Yassin, Mahmoud M.
Account Number:	CMDYP1A5381
Claim #:	EM34ROYXS00
Service Date:	06/03/2011
Billed Charges:	\$85.00
Total Payment:	\$43.51
Check Date:	06/08/2011
Check Number:	
Refund Reason:	Retro-Active Disenrollment
Termination Date:	05/12/2011

Please include a copy of this letter to ensure proper routing of your payment.

SHOULD YOU PREFER TO HAVE THIS REFUND REQUEST RETRACTED FROM FUTURE REMITTANCES, PLEASE AUTHORIZE BY SIGNING AND DATING BELOW. PLEASE FAX THIS SIGNED REPORT TO THE CONTACT NAMED BELOW.

Signature

Date

Contact Information:
Tony Moore
1212 S. Naper Blvd., Suite 119-262
Naperville, IL 60540

Phone: (630) 392-2946
Fax: (630) 392-2947
E-Mail: TMoore@AfterMathClaims.com

Claim 2 of 2

Aftermath Claim Science, Inc. is an authorized agent of Aetna, Inc.

AfterMathSM Claim Science, Inc.
www.AfterMathClaims.com

1212 S Naper Blvd Suite 119-262
Naperville, IL 60540-8360