



**Aetna Claim Overpayment Report**

**First Request**

BOULDER MEDICAL CENTER, P.C.  
ATTN: BILLING/REFUND UNIT  
2750 BROADWAY ST  
BOULDER, CO 80304

**Date:** 11/29/2023  
**File Number:** 16102604

Dear Provider:

Aetna has contracted with Equian, LLC to perform identification and recovery of claim overpayments on their behalf. Equian, LLC is a "Business Associate" of Aetna as defined in 45 C.F.R. §164.103 (HIPAA). A letter from Aetna authorizing you to issue the refund payment directly to Equian, LLC is available upon request.

Overpayment and refund details are enclosed. A summary of the amount to be refunded is below.

| <u>Aetna Patient Count</u> | <u>Claim Count</u> | <u>Total Refund Due</u> |
|----------------------------|--------------------|-------------------------|
| 1                          | 1                  | \$115.33                |

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

**We look forward to your payment within 30 days, please send a check made payable to Equian, LLC to:**

**DM Trust - Aetna; PO Box 639715; Cincinnati, OH 45263-9715**

If you have any questions, please fax, mail, or email the contact listed below. If you would prefer to have the overpayment(s) offset from future payments, please initial next to the claim(s) you are authorizing, sign, and return via fax to the attention of the contact indicated below.

*Shole Afsar*  
Signature

12/28/2023  
Date

**Note: If these overpayments are eligible for retraction from a future claim payment, this will be the only written communication you will receive asking for the identified overpayments to be returned prior to our attempt to retract. Your remittance advice/EOB should reflect the successful retraction. If the overpayment amounts are not eligible for retraction or if our attempt to retract fails, you will receive additional communications regarding options to return overpayments.**

If we do not receive confirmation concerning a payment or receive a refund check, we will deduct **\$115.33** from your next claim payment.

If you disagree with this request for recovery of overpayment please contact Equian. You may also request an appeal by sending a written request with a copy of this overpayment refund request packet to: Aetna Provider Resolution Team, P.O. Box 14020, Lexington, KY 40512. If you have any questions regarding filing an appeal, or to obtain a Provider Dispute Form, please contact Aetna Provider Services at 1-800-624-0756.

**Contact Information:**

|                              |         |                    |
|------------------------------|---------|--------------------|
| Retro Termination Department | Phone:  | (630) 615-5001     |
| Auditor                      | Fax:    | (866)708-8904      |
| PO Box 35366                 | E-Mail: | RTOQueue@optum.com |
| Louisville, KY 40232-5366    |         |                    |

**Equian, LLC is an authorized agent of Aetna, Inc.**

*Aetna is the brand name used for products and services provided by one or more of the Aetna group companies. (Aetna) Aetna performs administrative services, including overpayment recovery and collection, for other health carriers including but not limited to: Innovation Health, Texas Health Aetna, Banner Aetna, Sutter Health Aetna, and Allina Aetna.*





SA



| Claim #     | OPT ID   | PAC#         | Patient ID | Patient         | Last Day of Coverage | DOS                           | Check Date | Check #         | Original Paid | Corrected Paid | Amt Rcvd | Refund Due |
|-------------|----------|--------------|------------|-----------------|----------------------|-------------------------------|------------|-----------------|---------------|----------------|----------|------------|
| ETJM68VX800 | 75352155 | 000109978734 | 242598675  | Arkfeld, Steven | 09/30/2023           | 10/13/2023<br>-<br>10/13/2023 | 11/08/2023 | 823312000193862 | \$115.33      | \$0.00         | \$0.00   | \$115.33   |

|   |
|---|
| <b>Overpay Details: Termination of Coverage</b>   |
| Termed Member: Members last day of coverage was 09/30/2023, therefore member did not have coverage on date of service 10/13/2023 (claim ETJM68VX800; paid amount \$115.33). |

Equian, LLC is an authorized agent of Aetna, Inc.

Equian, LLC  
www.equian.com

PO Box 35366  
Louisville, KY 40232-5366