



## Aetna Claim Overpayment Report

First Request

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

Date: 3/27/2023  
File Number: 14258373

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	\$166.16

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.

	04/19/2023
Signature	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 \$166.16 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)





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Claim #	OPT ID	PAC#	Patient ID	Patient	Last Day of Coverage	DOS	Check Date	Check #	Original Paid	Corrected Paid	Amt Rcvd	Refund Due
EGAC340Y000	67556410	000109379406	261254577	Kelly-Swaney, Jonas	01/31/2023	02/01/2023 - 02/01/2023	03/01/2023	823060000153711	\$166.16	\$0.00	\$0.00	\$166.16

**Overpay Details: Termination of Coverage**

Termed Member: Members last day of coverage was 01/31/2023, therefore member did not have coverage on date of service 02/01/2023 (claim EGAC340Y000; paid amount \$166.16).

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

Equian, LLC  
www.equian.com

PO Box 35366  
Louisville, KY 40232-5366