



PO BOX 14103
LEXINGTON KY 40512
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Page 1 of 1



4 OF 7 F

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BOULDER MEDICAL CENTER, P.C.
2750 Broadway Street
Boulder CO 80304-3573

Sum of Overpayment: \$92.26
Total Balance Due: \$92.26
Letter ID: 000000016223578

Note: For specific Claim information please refer to the enclosed document.

Subject: Overpayment Notification

ATTENTION BILLING SUPERVISOR:

As a result of a review of claim payments, we have noted some differences between the amount paid to you and the amount which should have been paid in accordance with our contracts/policies.

Please refer to the enclosed document for the overpayment reason for the claim(s) indicated.

*Please issue a **refund check payable to Aetna** in the amount of the total balance due as stated above. Please include a copy of this letter and enclosure with your payment to ensure proper identification and credit to your file and send to the following address:*

**AETNA
PO BOX 14103
LEXINGTON KY 40512**

If you disagree with this request for recovery of overpayment, you may submit your written dispute, including the rationale, with a copy of the overpayment letter to the address at the top of this letter.

Our records indicate that the overpayment(s), as noted on the enclosed document, may be eligible to be offset from a future claims payment. If you would like us to go ahead and immediately offset in lieu of sending a refund check, please sign and fax this letter to us with your approval at 860-754-0233.

If payment, or a dispute, is not received within 30 days, we will attempt to recover the overpayment(s) that are eligible by offsetting a future payment.

<i>Shole Afsar</i>	Shole Afsar		12/06/2023
Signature	Printed Name	Title	Date

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies. (Aetna)

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If your account does not have sufficient funds to cover the overpayment, we may consider placing your account on "hold" for future payments until there are sufficient funds to cover the overpayment, or we may forward your account to an outside recovery agency.

If you have any questions, please contact me directly at the phone number noted below. Thank you for your cooperation.

Sincerely,

Overpayment Department
NCO OA DM/COE
Phone: 213-337-3002
Email Address: NCOOVPCollectionandValidation@AETNA.com
Fax: 860-754-0233

Enclosure

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5 OF 7 F

FNV 1077

Provider # (PVN or PIN): 9305336
Provider NPI: 1740373687

Provider Name: LORI MARAN

Patient Account #: 000109826050
Member ID: 0000274196116
Group #: 0186241
Payment ID: 823249000401069
Payment Date: 09/06/2023

Patient Name: CASEY HOFFMAN
Member Name: CASEY HOFFMAN
Funding: Fully Insured
Product Suppressed: N
Check Cashed Date:

**Overpayment
Details**

Benefit Plan:	\$92.26
Health Savings Account:	\$0.00
Flexible Spending Account:	\$0.00
Late Claim Interest:	\$0.00
Health Fund Account:	\$0.00
Late Claim Interest Penalty:	\$0.00

Original Overpayment Amount:	\$92.26
Overpayment Balance Due:	\$92.26

Claim Details**(Original and Corrected)**

	Original	Corrected
Date(s) of Service:	08/11/2023	08/11/2023
Claim Number:	EXAC50FW200	EXAC50FW201
Billed Amount:	\$139.00	\$139.00
Allowed Amount:	\$115.33	\$0.00
Member Responsibility Amount:	\$23.07	\$139.00
Paid Amount:	\$92.26	\$0.00

Overpayment ID: 000075094771

Overpayment Reason: We processed charges that were incurred after the member's coverage terminated. Our records indicate 03/01/2023 as the termination date.

Additional Comments: We should have allowed and paid \$0.00. This claim is overpaid by \$92.26.

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