



Aetna Claim Overpayment Report

First Request

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

Date: 4/18/2023
File Number: 14270658

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.

Signature 

05/02/2023
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 \$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
Auditor
PO Box 35366
Louisville, KY 40232-5366

Phone: (630) 615-5001
Fax: (866) 708-8904
E-Mail: RTOQueue@optum.com

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)



SA



Claim #	OPT ID	PAC#	Patient ID	Patient	Last Day of Coverage	DOS	Check Date	Check #	Original Paid	Corrected Paid	Amt Rcvd	Refund Due
ECAC4RS8R00	68289400	000109462037	247572141	Eisenbrown, Wyatt	02/28/2023	03/07/2023 - 03/07/2023	03/29/2023	823088000113231	\$166.16	\$0.00	\$0.00	\$166.16

Overpay Details: Termination of Coverage

Termed Member: Members last day of coverage was 02/28/2023, therefore member did not have coverage on date of service 03/07/2023 (claim ECAC4RS8R00; 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