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Letter Date

Name

Address 1

Address 2

City, state, zip code

RE: Beneficiary Name:  
Medicare Number:  
Case Identification Number:  
Insurer Claim Number:  
Insurer Policy Number:  
Date of Incident:  
Demand Amount:

Dear \_\_\_\_\_ :

Our records indicate that you are the responsible primary payer for services Medicare paid conditionally as a result of the accident/incident which occurred on [MSP Effective Date]. Medicare has a claim and is seeking recovery in the amount of [Medicare Demand Amount].

Pursuant to the Medicare Secondary Payer (MSP) provisions of the Social Security Act, no-fault coverage is primary to Medicare (Section 1862(b)(2) of the Act; 42 U.S.C. 1395y(b)(2)). We have researched our records and identified those services related to the beneficiary's no-fault claim for which Medicare has made payment. In your case, Medicare has made conditional payments totaling [Medicare Overpayment Amount]. A list of the claims used to arrive at this total is enclosed. Please provide one of the following:

- A check or money order made payable to **Medicare** in the amount of [Medicare Demand Amount] **or** the amount payable under your coverage as primary payer, whichever is less. Please provide an explanation of benefits, payment ledger, or similar document with your payment. The amount requested in this letter may not include payments received prior to the issuance of this demand letter dated [Letter Date]. Upon issuing a check, please deduct previous payments made to the MSPRC for the above referenced debt.

**or**

- A copy of an explanation of benefits, payment ledger, or similar document showing to whom payments were made, if you have already made primary payment for the services at issue.



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or

- An explanation of why you are not responsible for payment for the identified services if you believe you do not have primary payment responsibility.

Mail all correspondence to:

Medicare Secondary Payer Recovery Contractor  
No Fault  
PO Box 138832  
Oklahoma City, OK 73113

Be advised of the following:

- Medicare has a priority statutory right of recovery when it has made primary payment for services for which no-fault insurance has primary payment responsibility. Medicare has a direct priority right of recovery as well as priority subrogation rights.
- The United States may enforce its recovery rights by bringing an action against any entity required to make or responsible for making primary payment.
- Medicare's statutory right of recovery is not limited by any State law, insurance law or private contract.

For further reference to Medicare's direct and subrogated priority rights of recovery and potential penalties for non-compliance, please see section 1862(b) of the Social Security Act (42 U.S.C. 1395y(b)) and regulations found at 42 C.F.R. Part 411.

Interest will accrue on any unpaid portion of this debt from the date of this letter. Interest will be assessed if this debt is not fully resolved within 60 days of the date of this letter at an annual rate of [Interest Rate] and is payable for each full 30 day period the debt remains unresolved. By law, all payments are applied to interest first, principal second. For provisions specific to interest on MSP debts, see 42 C.F.R. 411.24(m)

The provisions of the Debt Collection Improvement Act of 1996 apply to Medicare debt, and your failure to respond as requested within sixty (60) days of the date of this letter may result in the initiation of additional recovery procedures without further notice. You should be aware that the Debt Collection Improvement Act of 1996 (DCIA) requires Federal Agencies to refer debts to the Department of the Treasury or its designated debt collection center for recovery actions, which can include collection by offset against any monies otherwise payable to the debtor by any agency of the United States and other collection methods. For example, the Internal Revenue Service may collect this debt by offset against tax refunds owed to individuals or other entities. DCIA also allows Medicare to refer delinquent debtors to the Department of Justice for legal action.

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing



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and speech impaired) or you may contact us in writing at the address above. If you contact us in writing, please be sure to include the beneficiary's name, Medicare Health Insurance Claim Number (this is the number found on the beneficiary's red, white and blue Medicare card), and the date of the incident. Providing us with this information will help us respond more quickly to any questions you may have.

Sincerely,

MSPRC

CC:

Enclosure: Payment Summary Form