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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 \_\_\_\_\_ :

**Please note that if we know that you have an attorney or other individual representing you in this matter, we are sending him/her a copy of this letter. If you have an attorney or other representative for this matter and his/her name is not shown as a “cc” at the end of this letter (indicating that he/she is receiving a copy), please contact us immediately. If you have any questions regarding this letter and are represented by an attorney or other individual in this matter, you may wish to talk to your representative and make sure that he/she has received a copy of this letter before contacting us.**

We are writing to you because we learned that you have made a no-fault claim relating to an accident, illness, injury, or incident occurring on or about [MSP Effective Date] and obtained a recovery. We have determined that you are required to repay the Medicare program [Medicare Demand Amount] for the cost of medical care it paid relating to your no-fault recovery. (The term “recovery” includes a settlement, judgment, award, or any other type of recovery.)

Please read this entire letter, as it contains important information, including:

- An explanation of why you need to repay Medicare and the way we determined the amount you are required to repay (Parts I and II);
- Instructions for repaying Medicare if you agree that there has been an overpayment and accept the amount we have determined you owe. (Part III);
- Instructions for requesting waiver of recovery (for the full or a part of the amount of this demand) or appeal (if you disagree that an overpayment exists or with the amount of the overpayment we have determined you owe). (Part IV). Please note that Medicare will



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not initiate any recovery action while your request for waiver of recovery or appeal is pending;

- Interest charges that apply if you do not repay Medicare within sixty (60) days from the date of this letter and certain actions Medicare may decide to take if you fail to repay the amount you owe (Part V);
- Whom you should contact if you have questions about this letter (Part VI).

## **I. Why am I required to repay Medicare?**

You are required to repay Medicare because Medicare paid for medical care you received related to your no-fault recovery. The Medicare Secondary Payer (MSP) law allows Medicare to pay conditionally for medical care received by a Medicare beneficiary who has or may have a no-fault claim. However, the law also requires Medicare to recover those payments if payment of a no-fault settlement, judgment, recovery, or award has been or could be made. Congress passed the MSP law because it wanted to make sure that the Medicare Trust Funds would have enough money to pay for medical care that beneficiaries may need in the future. Congress decided that, if a no-fault recovery was available to pay for a Medicare beneficiary's medical care, then that money should be used to pay for the care and any amounts already paid by Medicare should be refunded to the Medicare Trust Funds.

If you would like to read the MSP law, you can find it in Title 42 of the United States Code, Section 1395y(b)(2). You can also find the regulations that explain how the Medicare program recovers amounts it is owed under the MSP law in Title 42 of the Code of Federal Regulations, beginning at Section 411.20. You can also learn more about how the MSP law works by contacting your local Social Security office or by visiting [www.medicare.gov](http://www.medicare.gov).

## **II. How did Medicare decide how much money I owe?**

The Medicare program paid [Medicare Overpayment Amount] for medical care related to your no-fault recovery. We have enclosed a list of the payments Medicare made related to your recovery with this letter. The Medicare program generally reduces the amount a Medicare beneficiary is required to repay to take into account the costs (such as attorney's fees) paid by the beneficiary to obtain his or her no-fault recovery. You can find the formula we use to decide how much the amount of this reduction should be at 42 C.F.R., sub-section 411.37. We have applied the formula and determined that the amount you owe Medicare is [Medicare Demand Amount].

This letter relates only to money paid from your current recovery. If, in the future, you receive additional money from this no-fault recovery, or any other recovery related to this accident, illness, injury, or incident, you must let us know.

## **III. If I accept this determination, how do I repay Medicare what I owe?**

As stated, Medicare has calculated an overpayment of Insert [Medicare Demand Amount], with repayment requested within sixty (60) days of the date of this letter, ([Letter Date]). Please send



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a check or money order for [Medicare Demand Amount], made payable to Medicare, to us at the address listed at the end of this letter. Please make sure to include your name and Medicare number on the check or money order and include a copy of this letter 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.

Please continue reading for information regarding your rights with respect to this overpayment and what happens if you do not repay Medicare timely (including the accrual and assessment of interest).

#### **IV. What rights do I have if I disagree with the amount this letter says I owe or think that I should not have to repay Medicare for some other reason?**

**Right to Request a Waiver**—You have the right to request that the Medicare program waive recovery of the amount you owe in full or in part. Your right to request a waiver is separate from your right to appeal our determination, and you may request both a waiver and an appeal at the same time. The Medicare program may waive recovery of the amount you owe if you can show that you meet both of the following conditions:

1. This overpayment (for purposes of requesting waiver of recovery, the amount you owe is considered an overpayment) was not your fault, because the information you gave us with your claims for Medicare benefits was correct and complete as far as you knew; and when the Medicare payment was made, you thought that it was the right payment;

AND

2. Paying back this money would cause financial hardship or would be unfair for some other reason.

If you believe that both of these conditions apply to you, you should send us a letter that explains why you think you should receive a waiver of recovery of the amount you owe. If you request a waiver, we will send you a form asking for more specific information about your income, assets, expenses, and the reasons why you believe you should receive a waiver. Medicare will not initiate any recovery action while your request for waiver is pending. If we are unable to grant your request for a waiver, we will send you a letter that explains the reason(s) for our decision and the steps you will need to follow to appeal that decision if it is less than fully favorable to you.

**Right to Appeal**- You also have the right to appeal our determination if you disagree that you owe Medicare as explained in Part I of this letter, or if you disagree with the amount that you owe Medicare ([Medicare Demand Amount]) as explained in Part II of this letter. To file an appeal, you should send us a letter explaining why you think the amount you owe Medicare is



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incorrect and /or any reason(s) why you disagree with our determination. Medicare will not initiate any recovery action while your appeal request is pending. Once we receive your request, we will decide whether our determination that you must repay Medicare [Medicare Demand Amount] is correct and send you a letter that explains the reasons for our decision. Our letter will also explain the steps you will need to follow to appeal that decision if it is less than fully favorable to you.

You have 120 days from receipt of this letter [Letter Date] to file an appeal. We must assume that you received this letter within five (5) days of the date of the letter [Letter Date] unless you furnish us with proof of the contrary.

If you do not already have an attorney or other representative and you want help with your request for waiver or appeal, you can have a friend, lawyer, or someone else help you. Some lawyers do not charge unless you win your case. There are groups, such as lawyer referral service that can help you find a lawyer. There are also groups, such as legal aid services, that will provide free legal services if you qualify.

#### **V. What happens if I do not repay Medicare the amount I owe?**

If you do not repay Medicare in full by [Due Date], you will be required to pay interest on any remaining balance, from the date of this letter, at a rate of [Interest Rate] per year as determined by federal regulation. If the debt is not fully resolved within 60 days of the date of this letter, interest is due and payable for each full 30 day period the debt remains unresolved. By law, all payments are applied to interest first, principal second. You can find the regulation that explains interest charges at 42 C.F.R., sub-section 411.24(m).

If you choose to appeal this determination or request a full or partial waiver of recovery, you may wish to repay Medicare the full amount or the amount you believe you owe within sixty (60) days of the date of this letter to avoid the assessment of interest. Interest accrues on any unpaid balance, which may include any amount you are determined to owe once a decision is reached on your request for waiver of recovery or appeal. If you receive a waiver of recovery or if you are successful in appealing our decision, Medicare will refund any excess amounts you have paid. Medicare will not initiate any recovery action while your request for waiver or appeal is pending.

If you can't repay Medicare in one payment, you may ask us to consider whether to allow you to pay in regular installments. If you make installment payments, you should be aware that your payments will be applied to any interest due first and then to the outstanding principal amount.

The provisions of the Debt Collection Improvement Act of 1996 apply to Medicare debt. Recovery actions may include collection by Treasury offset against any monies otherwise payable to the debtor by any agency of the United States (for example, tax refunds or federal benefits), among other collection methods. If Medicare intends to take collection action



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(including referral to Treasury), you will be provided with appropriate notice. This notice will include information concerning appropriate steps to avoid such actions.

**VI. Who should I contact if I have questions about this letter?**

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 and speech impaired) or you may contact us in writing at the address below. 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.

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

Sincerely,

MSPRC

CC:

Enclosure: Payment Summary Form