

Region [Region #] Recovery Auditor Contractor (RAC)

Date [Request Date]

[Point of Contact]

[Physician Practice Name]

[Street Address Line 1]

[Street Address Line 2]

[City, State ZIP]

Re: [Provider Name] [Provider NPI]

Subject: Medical Records Received Too Late

Letter Request ID: [Letter Request ID]

HICN #: [HICN #]

Beneficiary: [Beneficiary Name]

Claim #: [Claim #]

Patient Ctrl #: [Patient Ctrl #]

Date(s) of Service: [mm/dd/yyyy – mm/dd/yyyy]

Medicare Original Payment Amount: [Payment Amount]

Case ID: [Case ID]

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) has retained Performant Recovery, Inc. (Performant) to carry out the Recovery Audit Contractor (RAC) program in Region (Select for Region 1) [1 which includes MI, IN, CT, OH, NY, VT, NH, ME, MA, RI, and KY] (Select for Region 5) [5 which is Nationwide]. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments.

This letter is to notify you that Performant has received documentation related to the Additional Documentation request letter dated [ADR letter date], letter request I.D. [letter ID number]. CMS has established a 45 day period for you to provide documentation on this matter. Multiple contact attempts and deadline extension(s) were offered prior to denial for no records received. If you wish to file a discussion request, you may do so within 30 days from the date of the Review Result letter you received on [RRL sent date].

Performant Recovery, Inc.

[Address]

[City, State zip]

866-201-0580 TOLL FREE

325-224-6710 FAX

www.performantrac.com

If you have any questions regarding this letter, please direct your inquiry to Customer Service at 1-866-201-0580.

Sincerely,

Performant

[Region #]

Recovery Auditor Contractor

Performant Recovery, Inc.

[Address]

[City, State zip]

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