

Region [Region #] Recovery Audit 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: Rescind Letter

Letter Request ID: [Letter Request ID]

Batch ID: [0000567890 – 1]

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 at this time Performant is rescinding the review of the claim(s) shown on the attached report.

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

Sincerely,

Performant

Region [Region #]

Recovery Audit Contractor

Enclosure

## Rescind Report

Beneficiary Name	Beneficiary HICN	DOS From	DOS To	Claim Number	Patient Control Number	Case ID
[Smith, John]	[1234567890A]	[1/6/2008]	[1/8/2008]	[1234567890]	[XY1234567NN]	[900012345677]