The Rawlings Company LLC
Audit Division

Post Office Box 2010
LaGrange, Kentucky 40031-2010
One Eden Parkway
LaGrange, Kentucky 40031-8100
Phone: 1-888-258-8060 ext. 4890
Fax: 1-502-587-5567
Guillermo A. Solano

6/1/2010

PHYSICIAN SUPPORT SERVICES Received JUN 7 - 2010 MAILROOM UCLA

REFUND REQUEST

UCLA Dept of Med Prof Group
BILLING/REFUNDS
FILE 55737
LOS ANGELES, CA 90074

Attn: BILLING/REFUNDS

Our client, Aetna Traditional was billed in error and paid in good faith for the services referenced below as the primary carrier. However, Medicare was primary on the date(s) that services were provided by your organization. **Please bill Medicare as soon as possible. Once you have received payment, please issue a check made payable to Aetna Traditional. Please forward to The Rawlings Company LLC at the address below.**

Patient:	DOB:
Invoice Date:	ID #:
Primary ID #:	Total Paid:
Account #:	File #:
Date(s) of Service:	**TOTAL REFUND DUE:**

Please include this completed form and a copy of the primary carrier's EOB with your payment.

If you disagree with this request for recovery of overpayment, you may request an appeal by sending your written request for an appeal with a copy of the overpayment letter to Aetna Correspondence Unit, P.O. Box 24019, Fresno, CA 93779-4019. To obtain a provider dispute form or to obtain additional instructions, please contact Provider Services at 800-624-0756.

Sincerely,

The Rawlings Company

AMOUNT ENCLOSED $_____

FILE #556-420405

Mail payment to:
The Rawlings Company LLC
Audit Division
P.O. Box 2010
LaGrange, KY 40031-2010

AUD_I_040210

Overpaid Provider:	UCLA Dept of Med Prof Group						
Provider Number:							
Patient:			DOB:				
Start DOS	End DOS	Account Number	Claim Number	Total Billed	Paid Amount	Claim Paid Date	Claim Check #
				Overpaid Amount:			

EXAMPLE - D