

blue  of california

May 08, 2009

George Triadafilopoulos MD
Attn: Patient Accounts
P O Box 39000 Dept 33932
San Francisco CA 94139

A/R Number: 0913260284
Amount Due: \$180.75

Subscriber Number:
Subscriber Name:
Patient Name: Jeffray Feldman
Payment Number: 032811280
Issue Date: July 08, 2008
Patient Account Number: 3226701

Dear Billing Department,

We have determined that an incorrect payment in the amount of \$180.75 has been made on claim number 26081893153800. These services were provided on June 23, 2008 in the amount of \$1,091.23.

This payment has been identified as an incorrect payment because effective June 01, 2008 the primary carrier for this patient is Medicare. Please file this claim with Federal Medicare. When you receive the Explanation of Medicare Benefits (EOMB) or the Medicare Summary Notice (MSN), please submit it to us for coordination of benefits.

We would appreciate your refund of \$180.75 within 30 working days of your receipt of this letter. If you disagree with this request for a refund of an overpayment, you must file an appeal within 30 working days of your receipt of this letter.

If payment is not received, the amount may be offset or assigned for recovery.

If you have further questions, please contact us by calling toll free (800) 541-6652 or by writing to the address listed below.

Sincerely,
Corporate Recovery
Inquiry Number: C11078825616021

L91025 (8/06)
An Independent Member of the Blue Shield Association