

blue  of california

May 08, 2009

Fidere Anesthesia Cnslts Inc  
Attn: Patient Accounts  
2135 Landings Dr  
Mountain View CA 94043

A/R Number: 0913260274  
Amount Due: \$870.76

Subscriber Number: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_  
Patient Name: Jeffray Feldman  
Payment Number: 033588755  
Issue Date: October 03, 2008  
Patient Account Number: 001FELDMJE125

Dear Billing Department,

We have determined that an incorrect payment in the amount of \$870.76 has been made on claim number 26082744573800. These services were provided July 15, 2008 in the amount of \$1,500.00.

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 \$870.76 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: C11078825616014

CC: Paula E. J...