

Final Settlement Detail Document

Beneficiary Name:
Medicare Number:
Date of Incident:
Case #:

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program. If certain conditions are met, Medicare reduces its conditional payment to take into account a proportionate share of the costs incurred in resolving the beneficiary's claim. See 42 C.F.R. 411.37. In general, the recovery demand must be against the individual or entity that received payment, the costs must have been incurred because the matter was disputed, and the costs must be paid by the individual or entity against whom/which Medicare seeks recovery. There is no proportionate reduction if payment is not in dispute – for example a payment for no-fault insurance.

In order for Medicare to properly calculate the net refund it is due, please supply the information outlined below. This information will also be used to update the beneficiary's records to show resolution of this matter.

Total Amount of the Settlement:

Total Amount of Med-Pay or PIP:

Attorney Fee Amount Paid by the Beneficiary:

\$ -

Additional Procurement Expenses Paid by the Beneficiary:

(Please submit an itemized listing of these expenses)

Date the Case Was Settled:

Info Provided By: _____

Date Provided: _____

This information should be submitted **along with a copy of this notice** to:

MSPRC-LIABILITY
PO Box 138832
Oklahoma City, OK 73113
FAX: 1-405-869-3309

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at **1-866-677-7220** (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address above. If you contact us in writing, please be sure to include the beneficiary's name and his/her Medicare health insurance claim number.

Our File No: