06/21/2011

National Government Services, Inc.
PO Box 7111
Indianapolis, IN 46207-7111

RE: CMS Recovery Letter #6621790
Patient HICN: Multiple (see attached list)
DOS: Multiple (see attached list)

I am writing to request a redetermination of the re-processed claim(s) referenced above.

These claims were reprocessed as part of CMS's retro-active 2010 fee schedule adjustments. Your recovery letter states:

"You are responsible for being aware of correct claim filing procedures and must use care when billing and accepting payment. In this situation, you billed and/or received payment for services you should have known you were not entitled to. Therefore, you are not without fault and are responsible for repaying the overpayment amount."

I dispute this determination for the following reasons:

- These claims were billed according to correct claim filing procedures.
- Payment was made by CMS using the prevailing fee schedule at the time of claim submission, and we accepted payment in good faith.
- CMS changed the fee schedule retroactively. Therefore, it is inaccurate to state that we accepted payment for amounts that we should have known we were not entitled.
- We are entirely without fault, and we take significant offense at your allegation of impropriety.

I am reimbursing Medicare for the balance due as demanded in CMS Recovery Letter #6621790, invoice #108666AG, dated 06/13/2011. **I do so under protest and request a redetermination**. Please consider this letter and the attached documentation as part of this redetermination.

Yours truly,

Keith Kriet
Office Manager