

[Date]

[Provider Name]

[Provider Address]

[City, State, Zip Code]

RE: Notice of Claim Overpayment and Refund Request

Patient Name: [Patient Name]

Member ID: [ID Number]

Claim Number: [Claim Number]

Date of Service: [Date of Service]

Dear Billing Department,

This letter is to notify you that an audit of the claim referenced above has identified an overpayment due to an administrative coding error. Specifically, the following error occurred:

[Detailed description of error, e.g., Incorrect CPT code used / Duplicate billing / Incorrect units billed].

Overpayment Details:

- Amount Paid: \$[Amount Paid]
- Correct Allowed Amount: \$[Correct Amount]
- **Total Refund Requested: \$[Refund Amount]**

Please review your records. If you agree with these findings, please remit a check for the refund amount within [Number] days to the address listed below. Alternatively, if you wish to appeal this finding, please submit your written dispute and supporting documentation by [Deadline Date].

Please make checks payable to: [Organization Name]

Mail refund to:

[Payment Processing Address]

[City, State, Zip Code]

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Department Name]

[Phone Number]