

## SECOND NOTICE

Date: [Insert Date]

Reference Number: [Insert Claim/Reference Number]

Original Notice Date: [Insert Date of First Letter]

[Recipient Name/Provider Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Claim Overpayment and Refund Request

Dear [Contact Name or Billing Department],

This is a formal follow-up to our previous notice sent on [Date of First Letter] regarding an overpayment made on the claim(s) listed below. As of today, we have not received the requested refund or a formal dispute regarding this balance.

### Claim Details:

- Patient Name: [Patient Name]
- Date of Service: [Date]
- Claim Number: [Number]
- Total Amount Paid: \$[Amount]
- Correct Amount: \$[Amount]
- **Overpayment Amount Due: \$[Amount]**

### Reason for Overpayment:

[Insert brief reason, e.g., Duplicate payment, Coordination of benefits, Incorrect billing code, or Processing error].

Please remit the total overpayment amount of \$[Amount] within [Number] days of the date of this letter. Checks should be made payable to [Company Name] and mailed to the address provided below. Please include a copy of this letter with your payment to ensure proper accounting.

[Company Name]

[Department Name]

[Mailing Address for Payments]

[City, State, Zip Code]

If you believe this overpayment request is in error, please submit a written appeal including supporting documentation within [Number] days.

Failure to respond to this second request may result in further collection actions, including offsetting the balance against future claim payments.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]

[Your Company Name]

[Your Phone Number]

[Your Email Address]