



Region A Recovery Auditor(RA)

Date: [Current Date]

Subject: Review Results Letter- No Finding

Letter Request ID:[Letter Request Id]

[RA Point of Contact]

[Physician Practice Name]

[Street Address Line 1]

[Street Address Line 2]

[City, State ZIP]

Re: [Provider Name] [Provider NPI]

Dear Medicare Provider,

The Centers for Medicare & Medicaid Services (CMS) has retained Performant Recovery, Inc. to carry out the Recovery Audit (RA) program in Region A, which includes all states located in the Northeast region of the United States. The RA program, mandated by Congress, is aimed at identifying Medicare improper payments.

Our request for additional medical documentation, detailed in a letter dated **xx/xx/xxxx**, constituted reopening under §1869(b) (1) (G) of the Social Security Act (the Act) and 42 CFR 405.980(a) (1). Our good cause to reopen the claim, if required by 42 CFR 405.980(b) (2), was described in the letter as well.

This letter is to notify you that after examining the medical documentation Performant Recovery has made a no findings determination for the issue under review on the claim(s) attached. No further action is needed on your part.

Thank you,

Sincerely,
Performant Recovery, Inc.
Region A
Recovery Auditor
Enclosure

Performant Recovery, Inc.
2819Southwest Boulevard
San Angelo, TX. 76904

866 201-0580 TOLL FREE
325-224-6710 FAX
www.performantrac.com

Beneficiary Name	Beneficiary HIC	Beneficiary DOB	Med Rec #	Patient Ctl #	DOS From	DOS To	Claim Number	Medicare Pmt Amt	RA Case ID
[Smith, John]	[1234567890A]	[11/11/1931]	[ABC1234567]	[XY1234567NN]	[1/6/2008]	[1/8/2008]	[501234567890]	[\$10,141.66]	[900012345677]
[Doe, Jane]	[1234567891A]	[11/11/1932]	[XYZ1234567]	[XZ1234567JW]	[4/7/2008]	[4/7/2008]	[401122334455]	[\$23,514.72]	[900045677777]
[Rodriguez, Jesus]	[1234567892A]	[11/11/1933]	[NNN1234567]	[YZ1234567FF]	[/6/2008]	[6/6/2008]	[309988776655]	[\$45,319.36]	[900054683245]