



PERFORMANT

Region [x] Recovery Auditor Contractor (RAC)

Date [*Request Date*]

Letter Request ID: [*Letter Request ID*]

[*Point of Contact*]

[*Physician Practice Name*]

[*Street Address Line 1*]

[*Street Address Line 2*]

[*City, State ZIP*]

Re: [*Provider Name*] [*Provider NPI*]

Subject: Rescind Letter

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) has retained Performant Recovery, Inc. (Performant) to carry out the Recovery Auditor Contractor (RAC) program in Region [x] which includes MI, IN, CT, OH, VT, NH, ME, MA, RI, CT, and NY. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments.

This letter is to notify you that at this time Performant is rescinding the review of the claim(s) shown on the attached report. No further action is required.

Thank you for your cooperation in this matter. If you have any questions regarding this letter, please direct your inquiry to Customer Service at 1-866-201-0580.

Sincerely,

Performant

Region [x]

Recovery Auditor Contractor

Enclosure

Performant Recovery, Inc.
2751 Southwest Blvd
San Angelo, TX 76904

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

Rescind Report

| Beneficiary Name | Beneficiary HICN | DOS From | DOS To | Claim Number | Patient Control Number | RA Case ID |
|-------------------------|-------------------------|-----------------|---------------|---------------------|-------------------------------|-------------------|
| [<i>Smith, John</i>] | [1234567890A] | [1/6/2008] | [1/8/2008] | [1234567890] | [XY1234567NN] | [900012345677] |