



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: Medical Records Received Too Late

HICN #: [HICN #]
Beneficiary: [Beneficiary Name]
Claim #: [Claim #]
Patient Ctrl #: [Patient Ctrl #]
Case ID: [Case ID]
Date(s) of Service: [mm/dd/yyyy – mm/dd/yyyy]
Medicare Original Payment Amount: [Payment Amount]
RAC Case ID: [RAC Case ID]

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 Performant has received documentation related to the Additional Documentation request letter dated [ADR letter date], letter request I.D. [letter ID number]. CMS has established a 45 day period for you to provide documentation on this matter. Multiple contact attempts and deadline extensions were offered prior to denial for no records received. If you wish to file a discussion request, you may do so within 30 days from the date of the Review Result letter you received on [RRL sent date].

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

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

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

Sincerely,

Performant

Region [x]

Recovery Auditor Contractor

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