



Letter Number: 45184546

Date: 10/31/2025

TOWN OF MILLS  
PO BOX 641880  
OMAHA, NE 681647880

**INITIAL REQUEST**

RE : MMA 935 - Overpayment Amount

Overpayment Amount: \$1,128.31

Outstanding Balance: \$1,128.31

Provider Number: W25722-1396180733

Dear Sir/Madam,

This letter is to inform you that you have received a Medicare payment in error, which has resulted in an overpayment subject to section 935(f)(2) of the Medicare Modernization Act (MMA), section 1893(f)(2) of the Social Security Act, Limitation on Recoupment, in the amount \$1,128.31. **The purpose of this letter is to request that this amount be repaid to our office.** The attached enclosure explains how this happened.

**NOTE: If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding please follow the instructions found at the end of this letter.**

**Why you are responsible:**

You are responsible for following correct Medicare filing procedures and must use care when billing and accepting payment. You are responsible for repayment in this matter based upon one or both of the following criteria:

1. You billed and/or received payment for services for which you should have known you were not entitled to receive payment. Therefore, you are not without fault and are responsible for repaying the overpayment amount.
2. You received overpayments resulting from retroactive changes in the Medicare Physician Fee Schedule and/or changes mandated by legislation.

If you dispute this determination, please follow the appropriate appeals process listed below.

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Noridian Healthcare Solutions, LLC.

Medicare Part B

4510 13th Ave S, Fargo, ND 58103

<https://med.noridianmedicare.com>

(Applicable authorities: section 1870(b) of Social Security Act; subsection 405.350 - 405.359 of Title 42, subsection 404.506 - 404.509, 404.510a and 404.512 of Title 20 of the United States Code of Federal Regulations.)

This amount is subject to section 935(f)(2) of the Medicare Modernization Act (MMA) (section1893(f)(2) of the Social Security Act), Limitation on Recoupment (42 CFR 405.379).

**Rebuttal Process:**

Under the existing regulations 42 CFR section 405.374, providers and other suppliers will have **15 days from the date of this demand letter** to submit a statement of opportunity to rebuttal. The rebuttal process provides the debtor the opportunity, before the suspension, offset, or recoupment takes effect, to submit any statement (to include any pertinent information) as to why it should not be put into effect on the date specified in the notice. A rebuttal is not intended to review supporting medical documentation nor disagreement with the overpayment decision. A rebuttal shall not duplicate the redetermination process. **This is not an appeal of the overpayment determination and the limitation on recoupment under section1893 (f)(2)(a) of the Social Security Act does not apply to rebuttal requests.** We will review your rebuttal documentation and determine whether the facts justify ceasing the recoupment or offset. Our office will advise you of our decision 15 days from the mailroom-stamped receipt date of your request.

**Interest Assessment:**

**If you do not refund in 30 days:**

In accordance with 42 CFR 405.378, simple interest at the rate of 11.125% will be charged on the unpaid balance of the overpayment, beginning on the 31st day. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. Thus, if payment is received 31 days from the date of final determination, one 30-day period of interest will be charged. Each payment will be applied first to accrued interest and then to principal. After each payment, interest will continue to accrue on the remaining principal balance, at the rate of 11.125%.

**Suspended Funds Applied To The Overpayment and Has a Remaining Outstanding Balance:**

If the suspended funds are insufficient to fully eliminate any overpayment, and the provider or supplier meets the requirements of 42 CFR section 405.379 "Limitation on Recoupment" provision under section1893(f) (2) of the Act, then the provider or supplier is subject to 935 Appeals rights and will be available for offset after 41 days on the remaining balance still owed to CMS. (See 42 CFR section 405.372(e) for more information.)

**Payment by Recoupment:**

If payment in full is not received by 11/15/2025, **payments** to you can be recouped (recoupment) until payment in full is received if you haven't submitted an acceptable ERS request, an immediate recoupment request, and/or a valid and timely appeal is received.

**Make a payment or Arrange for payments:**

What you should do:

Please return the overpaid amount to us by 11/29/2025 and no interest will be assessed. We request that you refund this amount in full.

Make the check payable to Medicare Part B and send it with a copy of this letter to:

Noridian Healthcare Solutions, LLC.  
Noridian Medicare JF Part B  
PO Box 511359  
Los Angeles, CA 90051-7914

If you are unable to refund the entire amount at this time, advise this office immediately, with a request for an **Extended Repayment Schedule (ERS)** so that we may determine if you are eligible for one. Any repayment schedule (where one is approved) would run from the date of the ERS review approval date.

**You can visit our website at <https://med.noridianmedicare.com> for the ERS Request instructions.**

**Immediate Recoupment:**

**NO FURTHER ACTION IS REQUIRED BY YOU.** You have previously elected to have your overpayment(s) repaid through the **Immediate Recoupment** process. Based on this payments to you will begin to be recouped on 11/15/2025 until payment is received in full. If the debt is not collected in full before day 31, interest will continue to accrue until the debt is collected in full.

**If You Wish To Appeal This Decision**

If you disagree with this overpayment decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claims. The first level of appeal is called a redetermination. You must file your request for a redetermination 120 days from the date of this letter. However, if you wish to avoid recoupment from occurring, you need to file your request for redetermination within 30 days from the date of this letter, as described above. Unless you show us otherwise, we assume you received this letter within 5 days of the date of this letter.



Please send your request for redetermination to:

Noridian Healthcare Solutions, LLC. - 935 APPEALS REDETERMINATION  
JF Part B Redeterminations  
4510 13th Ave S  
Fargo, ND 58103-2119

**How to Stop Recoupment:**

Even if the overpayment and any assessed interest has not been paid in full, you can temporarily stop Medicare from recouping any payments. **If you act quickly and decidedly,** Medicare will stop recoupment at two points.

**First Opportunity:** We must receive a valid and timely request for a redetermination within 30 days from the date of this letter. We will stop or delay recoupment pending the results of an appeal. To assist us in expeditiously stopping the recoupment process, we request that you clearly indicate on your appeal request that this is a 935 overpayment appeal for a redetermination.

**Second Opportunity:** If the redetermination decision is (1) **unfavorable**, we will begin to recoup no earlier than the 60th day from the date of the Medicare redetermination notice (Medicare Appeal Decision Letter); or (2) if the decision is **partially favorable**, we will begin to recoup no earlier than the 60th day from the date of the Medicare revised overpayment Notice/Revised Demand Letter. Therefore, it is important to act quickly and decidedly to limit recoupment by submitting a valid and timely request for reconsideration within 60 days of the appropriate notice/letter. The address and details on how to file a request for reconsideration will be included in the Redetermination decision letter.

**What Happens Following a Reconsideration By a Qualified Independent Contractor (QIC):**

Following a **decision or dismissal** by the QIC, if the debt has not been paid in full, we will begin or resume recoupment whether or not you appeal to the next level, Administrative Law Judge (ALJ). **NOTE:** Even when recoupment is stopped, interest continues to accrue.

**Medicaid Offset:**

If this matter is not resolved, CMS may instruct the Medicaid State Agency to withhold the Federal share of any Medicaid payments that may be due you or related facilities until the full amount owed Medicare is recouped; Title 42 CFR, section 447.30(g). These recoveries will be in addition to any recoupments from other Medicare funds due you until the full amount owed to Medicare is recovered.

**Right to Inspect Records Prior to Referral to Treasury:**

In the event an Intent to Refer (ITR) letter is sent, you have the right to inspect and copy all records pertaining to your debt. In order to present evidence or review the CMS records, you must submit a written request to the address below. Your request must be received within 60 calendar days from the ITR letter date. In response to a timely request for access to CMS' records, you will be notified of the location and time when you can inspect and copy records related to this debt. Interest will continue to accrue during any review period. Therefore, while review is pending, you will be liable for interest and related late payment charges on amounts not paid by the due date identified above.

**For Individual Debtors Filing a Joint Federal Income Tax Return:**

The Treasury Offset Program automatically refers debts to the Internal Revenue Service (IRS) for Offset. Your Federal income tax refund is subject to offset under this program. If you file a joint income tax return, you should contact the IRS before filing your tax return to determine the steps to be taken to protect the share of the refund, which may be payable to the non-debtor spouse.

**For Debtors that Share a Tax Identification Number(s):**

Section 1866(j)(6) of the Social Security Act authorizes the Secretary of Health and Human Services (the Secretary) to make any necessary adjustments to the payments of an applicable provider or supplier who shares a TIN with an obligated provider or supplier, one that has an outstanding Medicare overpayment. The Secretary is authorized to adjust the payments of such a provider or supplier regardless of whether it has been assigned a different billing number or National Provider Identification Number (NPI) from that of the provider or supplier with the outstanding Medicare overpayment.

**Federal Salary Offset:**

If the facility ownership is either a sole proprietorship or partnership, your individual salary(s) may be offset if you are, or become, a federal employee.

**If you have filed a bankruptcy petition:**

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Nothing in this letter should be considered as a request or demand for payment. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy, please include the name the bankruptcy is filed under, the docket number, and the district where the bankruptcy is filed.

If you have already notified CMS of the bankruptcy, the purpose of this letter is to inform you of

the overpayment owed to Medicare. Due to the automatic stay in bankruptcy, this letter does not demand that you submit payment at this time. Because of the bankruptcy, recovery of Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process, and pursuant to applicable jurisdictional and other provisions of the Medicare Act and regulations. Please note that in bankruptcy, CMS may still exercise recoupment rights, which constitute a defense to payment. Thus, we do not believe that the bankruptcy petition prohibits Medicare's recoupment rights, subject to the limitation on Medicare recoupment at section 1893(f)(2) of the Social Security Act and the implementing regulations at 42 CFR 405.379.

If you dispute this overpayment determination, please follow the appropriate rebuttal and/or appeals process described elsewhere in this letter.

To the extent any of the general instructions in this letter are not consistent with the bankruptcy law and procedures, they may be modified to comport with bankruptcy law.

Should you have any questions, please contact your overpayment consultant at the following:

Part B Immediate Recoupment - Fax: 701-277-7874

Part B Extended Repayment Request: 877-908-8431

Provider - Part B: 877-908-8431

We look forward to hearing from you shortly.

Sincerely,

Medicare Part B Recovery Unit  
Noridian Healthcare Solutions, LLC.

Enclosures

How This Overpayment Was Determined



## Letter Number: 45184546

Invoice No.	Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Amount Overpaid	Paid Date	Recoupment Eligibility Date
388625300971209	383221319066060	TERRY L DAISS	21129481	11/07/2021	11/07/2021	\$384.80	11/29/2021	1/15/2025
388625300971424	383222228035180	CORLISS G PETERS	2259989	05/27/2022	05/27/2022	\$416.23	08/30/2022	1/15/2025
388625300971228	383221335087130	RUSSELL L KIDDER	21134434	08/21/2021	08/21/2021	\$327.28	12/15/2021	1/15/2025

Reason for Overpayment: The submitted dates of service(s) and procedures have been previously paid resulting in a duplicate payment to be made to you. Medicare does not pay for services that are authorized by the VA, and Medicare regulations prohibit payment for services that are paid for by another government entity.