

**NOTICE OF CHANGE IN OVERPAYMENT FOR MEDICAL ASSISTANCE**

**Date:**

Name:

Program Code:

Address:

PDC ID:

PLC ID:

Dear

You were notified on \_\_\_\_\_ that you are responsible for a medical assistance overpayment because you and/or members of your household for whom you are financially responsible received Medicaid or NC Health Choice benefits that you were ineligible to receive.

We recently reviewed your Medicaid overpayment and determined your total overpayment has for the reason listed below:

You provided additional documentation related to your overpayment. We carefully evaluated the documentation and determined you were eligible for assistance during all or part of the overpayment period. The new overpayment amount is \_\_\_\_\_ for the period of \_\_\_\_\_ - \_\_\_\_\_.

We determined there was an error in the original calculation of the overpayment amount and/or period. The new overpayment amount is \_\_\_\_\_ for the period of \_\_\_\_\_ - \_\_\_\_\_.

The original "Notice of Overpayment for Medical Assistance" informed you that the amount of your overpayment would increase if additional medical expenses were paid for the period of ineligibility due to providers having 365 days to file a claim. The new overpayment amount is \_\_\_\_\_ for the period of \_\_\_\_\_ - \_\_\_\_\_.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The amount you currently owe on this debt will be reduced by all payments that have been made. You can contact me at the number below to verify the amount you currently owe on this debt.

As a reminder, you must make every effort to repay the full amount owed. If you have not previously signed a voluntary repayment agreement, contact me at the number below to make arrangements to establish a repayment schedule in order to prevent further collection action.

If you have questions about your current repayment agreement, contact me to schedule an appointment to review your current repayment agreement.

Sincerely,

\_\_\_\_\_  
Program Integrity Investigator  
County Department of Social Services

cc: file copy

Si necesita ayuda para entender esta carta de notificación de un pago excesivo por asistencia médica, comuníquese con la unidad de integridad de este programa en el departamento de servicios sociales del condado indicado arriba.