



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Finance

<Return Address Line 1>

<Return Address Line 2>

<State, City, Zip>

<Date>

<Title>

<Provider Name>

<Provider Address Line 1>

<State, City, Zip>

Ref: File No. <BOC Number>, your letter of <BOC Amount>

Your letter dated <L2 Receipt Date> disputing the debt for overpayment due to the Department of Veterans Affairs (VA) has been forwarded to our office for response.

Based on a thorough review of the records and other information provided, VA has concluded that the overpayment(s) determination should be overturned for the claims referenced on the attached listing.

If you have any further questions, please contact Provider Services at <Call Center Number>, Monday – Friday, 6:00 a.m. – 5:00 p.m. PT.

Sincerely,

Executive Director
National Recovery Audit
VHA Office of Finance
Enclosure