



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>

Department of Veterans Affairs (VA) received your letter dated <L2 Receipt Date> disputing the debt for overpayment due to claims for health care services paid by VA.

Based on a thorough review of the records and other information provided, VA has concluded that the overpayment(s) determination is correct. Please review the enclosed audit detail(s) including the review rationale supporting this determination. The debt amount of \$<BOC amount> is due and this dispute is final. At this time, VA will issue a Bill of Collection, which will provide any additional disputes rights, if applicable.

Please remit payment at your earliest convenience to the address on the Bill of Collection/Notice of Indebtedness issued by VA to avoid further collection activity. If you have any further questions, please contact Provider Services at <Call Center Number>, Monday – Friday, 6:00 a.m. – 5:00 p.m. Pacific Standard Time.

Sincerely,

Executive Director
National Recovery Audit
VHA Office of Finance

Enclosure