

[~Current Date~]

Attn: Director of Claims

[~Insurance Policy #1 Carrier~]

[~Insurance Policy #1 Address~]

Re: Patient: [~Patient Name~]  
Policy: [~Insurance Policy #1 Number~]  
Insured: [~Responsible Party Name~]  
Treatment Dates: [~Admission Date~] - [~Discharge Date~]  
Amount: [~Total Charges~]

Dear Director of Claims,

We are in receipt of your refund request. According to our records, the books are closed on this claim. It appears that the claim was paid appropriately and no credit balance is on the account. We have applied any applicable adjustments and have billed the patient for any amounts which he or she was responsible for.

Further, it is our position that you have waited too long to raise this issue. Due to the delay in providing notice of the alleged overpayment, the legal doctrine of laches may prohibit us from honoring your request for repayment. This doctrine provides an equitable defense where long-neglected rights are sought to be enforced against another party.

Further, according to other general legal rules, as an innocent creditor, we cannot be held liable for mistakes on the payors part. We obtained the patient's insurance card provided at the time of service. Based on this information, we believed we were entitled to third party payment from you. We received the payment and explanation of benefits in good faith, and based on that, did not bill the patient for the portion covered by insurance. We provided services in good faith and the funds received have been exhausted.

We believe that we have been properly reimbursed for services rendered and will not issue a refund to you. If in the future you continue to demand such payment, or elect to deduct the alleged overpayment from future benefits to which we are entitled, we may take further action to protect our interest and preserve our rights.

Please do not hesitate to call if you have any questions or need additional information.

Sincerely,

Claims Analyst