$0 Conditional Payment

Good morning/afternoon,

Attached please find a copy of the Conditional Payment Letter/Notice from Medicare for the above mentioned claim.

We have reviewed your file and the listed recovery charges. Based on the information provided to us, it appears that treatment for [INSERT ACCEPTED INJURIES], is related and compensable. And as such, we do not believe a dispute of the associated charges would be successful. **If you disagree with this because there are reasons why you would not be responsible for payment of this treatment, please let us know immediately.**

Please note, this is not a final lien demand amount. Please do not make payment to Medicare yet.

When this claim settles or ORM terminates, please let us know and we can request the final lien demand or case closed letter from Medicare. If settlement occurred, please provide us with a copy of the approved settlement agreement. Please also review your Section 111 reporting information for accuracy (i.e. TPOC/ORM termination date entered).

If you have any questions, please do not hesitate to ask.

Thank You,

{Name}

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