



Two Lakeway Center
3850 N. Causeway Blvd. Suite 400
Metairie, LA 70002
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Final Settlement Detail Document

Beneficiary Name: _____
Medicare Number: _____
Date of Incident: _____

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program. If certain conditions are met, Medicare reduces its conditional payment to take into account a proportionate share of the costs incurred in resolving the beneficiary's claim. See 42 C.F.R. 411.37

In general, the recovery demand must be against the individual or entity that received payment, the costs must have been incurred because the matter was disputed, and the costs must be paid by the individual or entity against whom/which Medicare seeks recovery. There is no proportionate reduction if payment is not in dispute – for example a payment for no-fault insurance. In order for Medicare to properly calculate the net refund it is due, please supply the information outlined below. This information will also be used to update the beneficiary's records to show resolution of this matter. If you have a representative, this information should be submitted by your representative on his/her letterhead.

Total Amount of the Settlement: _____

Total Amount of Med-Pay or PIP: _____

Attorney Fee Amount Paid by the Beneficiary: _____

Additional Procurement Expenses Paid by the Beneficiary: _____
(Please submit an itemized listing of these expenses)

Date the Case Was Settled: _____/_____/_____

In an effort to secure the Final Demand Letter, we must upload the completed form to the portal and submit to BCRC. Please return the completed form to us via email, fax, or USPS mail.

maps[®] Lien Resolution Services
Two Lakeway Center
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Metairie, LA 70002

If you have any questions concerning this matter, please call Denise Oliva at (504) 831-2141.