



United States Senate

WASHINGTON, DC 20510-0905

BILL NELSON
FLORIDA

April 11, 2013

Mr. James O'Leary
Personal Injury Law Office of James L. O'Leary
28089 Vanderbilt Drive, Suite 202
Bonita Springs, Florida 34134

Dear Mr. O'Leary:

Thank you for contacting my office regarding your client, _____'s Medicare reimbursement issue. I appreciate being made aware of your concerns and will be pleased to look into this matter.

Currently, I am in touch with the appropriate authorities on your behalf. As soon as I have a response, I will share the results with you.

In the meantime, the Privacy Act of 1974 requires that all requests of this nature be accompanied by a signed release from the individual. This release will authorize the disclosure of information to me from the appropriate agency. Please have your client complete and sign the enclosed form and return it to me as soon as possible.

Again, thank you for getting in touch with me. I want you to know that as your U.S. Senator from Florida, I welcome the opportunity to serve you. If I can assist you with any other matter, please do not hesitate to let me know.

Sincerely,

BN/pg

Enclosure
138679-2JS



United States Senate

WASHINGTON, DC 20510-0905

BILL NELSON
FLORIDA

April 24, 2013

Mr. James L. O'Leary, II
28089 Vanderbilt Drive, Suite 202
Bonita Springs, Florida 34134

Dear Mr. O'Leary:

In response to my inquiry on your client's behalf, I am enclosing a copy of the correspondence I received from the Centers for Medicare and Medicaid Services - Medicare Secondary Payer Recovery Contractor. I appreciate you giving me the opportunity to look into this issue.

If I can assist you with any other matter, please do not hesitate to let me know.


Sincerely,

A handwritten signature in black ink that reads "Bill Nelson". The signature is written in a cursive style with a large, prominent "B" and "N".

BN/pg
138679-2JS

Enclosure



 Learn about your letter at www.msprc.info

April 16, 2013

The Honorable Bill Nelson
United States Senate
225 East Robinson Street, Suite 410
Orlando, FL 32801

Beneficiary:
Medicare Number:
Case Identification Number: 1
Date of Incident: /
Entitlement Date:


Dear Senator Nelson:

This is in response to your inquiry received on April 11, 2013, concerning the above referenced beneficiary.

We will send a letter within ten business days to Ms. _____ and her attorney, Mr. James L. O'Leary, II, providing Medicare's decision of his/her appeal of Medicare's initial determination.

We are glad we could be of assistance in responding to Ms. _____'s concerns in this matter.

Sincerely,



MSPRC Congressional Team
Jackson, MS 39157

JAX

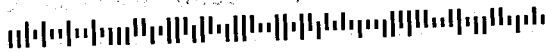


April 20, 2013

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JAMES L. O' LEARY, II
ATTORNEY AT LAW
28089 VANDERBILT DR STE 202
BONITA SPRINGS, FL 34134-7521

COPY

For Information Only



April 20, 2013

5 T:5 P:5 PC:1 F:180601

Beneficiary Name:
Medicare Number:
Entitlement Date:
Date of Incident:
Case Identification Number:
DCN:

Dear JEAN VANHOOSE:

This letter is in reference to a request received from James L. O' Leary, II dated April 08, 2013, to remove claims from Medicare's demand letter dated April 08, 2013, that are not related to your case. After reviewing the claims in question, we agree with your dispute.

Therefore, in accordance with this decision, the unrelated claims have been removed from the demand amount. The amount due would have been The principal amount was and the interest amount was \$0.00. Our records indicate that full payment was

Medicare Secondary Payer Recovery Contractor
MSPRC No Fault/Liability
P.O. Box 138832
Oklahoma City, OK 73113

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previously received; therefore, Medicare considers this debt resolved. If a refund is due it will be sent under separate cover.

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address below. When sending any correspondence please provide the Beneficiary Name and Medicare Health Insurance Claim Number (the number on the Medicare card). This will allow us to associate the correspondence to the appropriate records.

Sincerely,

MSPRC Case Analyst

CC: JAMES L. O' LEARY, II

JAX

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April 23, 2013

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JAMES L O'LEARY II
28089 VANDERBILT DR STE 202
BONITA SPGS, FL 34134-7521

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For Information Only



April 23, 2013

8 PC:1 F:181701

Medicare Number:
Beneficiary's Name:
Date of Incident:
Case Identification Number:

Dear JEAN B VANHOOSE,

We have received check number _____ in the amount of _____. This amount has been applied to the outstanding debt due Medicare. The principal amount of the debt and interest (if applicable) has been reduced to zero and our file is being closed.

If a refund is due it will be processed and forwarded to the appropriate party under separate cover. If the original check submitted to Medicare had multiple payees it will be the attorney and/or beneficiary's responsibility to disburse the funds to all other payees.



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Learn about your letter at www.msprc.info



If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address below. When sending any correspondence please provide the Beneficiary Name, Medicare Health Insurance Claim Number (the number on the Medicare card), and Case Identification Number (if known). This will allow us to associate the correspondence to the appropriate records.

Sincerely,

MSPRC

CC: JAMES L O'LEARY II

COPY

MSPRC LIABILITY
PO BOX 138832
OKLAHOMA CITY, OK 73113

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Page 2 of 2