

Revenue Recapture Notice to Taxpayer – Medical Debt

(Your notification letter must be on agency letterhead and include all the information below.)

Date

Name of Debtor(s)

Street Address

City, State, Zip

Your refunds may be applied to your debt

We are filing a claim against your future state income and property tax refunds, lottery winnings, and other funds to pay a debt you owe our agency as allowed under the Revenue Recapture Act, Minnesota Statute 270A.

Why can you take my refunds?

This statute allows us to take your refunds until the debt is paid or until the time allowed by law for collecting the debt has expired.

What debt do I owe and when did it occur?

Debt Owed	Unpaid [Charges] to [agency name]. See enclosed invoice (if applicable).]
Date Debt Occurred or Date Range Debt Occurred	MM/DD/YY or MM/DD/YY-MM/DD/YY
Amount of Debt	\$000.00
Total Amount of Claim	\$000.00

How do I dispute the claim?

You may request a hearing to dispute the validity of the claim. To do so, you must send written notice to our office at the address listed below. We must receive the request within 45 days of the date of this notice. If you make a request, we will schedule a hearing within 30 days and notify you of the date, time, and place for the hearing.

Am I exempt from Revenue Recapture?

You may be exempt from Revenue Recapture if your income at the time of medical service was below poverty guidelines for medical debts. (See Minnesota Statutes 270A.03, subdivision 5, for a definition of the guidelines.)

Sincerely,

[Provide your agency's name, address and phone number]