national government SERVICES

MEDICARE

Jurisdiction K Part A
Immediate Recoupment Request Form

The undersigned provider is voluntarily electing to have their Medicare Part A overpayment(s) repaid through the immediate recoupment process to avoid paying by check or waiting for the standard recoupment that begins on day 41 from date of the initial demand letter. The request for immediate recoupment request form must be received no later than 16 days from the date of initial demand letter.

Provider Name:_____

Provider Medicare Number: _____

National Provider Identifier: _____

Provider Address: _____

Demand Letter Number: _____

PLEASE INCLUDE THE FIRST PAGE OF THE DEMAND LETTER WITH YOUR REQUEST IF APPLICABLE.

Check the immediate recoupment option that is being requested. **If a box is not checked, your request will not be processed.**

- Request for all future overpayments
- A one-time request for all current overpayment(s) addressed in the referenced demand letter and all future overpayments
- Request for all current overpayment(s) addressed in the referenced demand letter only
- Request to terminate a previously established immediate recoupment in the referenced demand letter only
- Request to terminate a previously established immediate recoupment agreement

By submitting this request, you acknowledge that an immediate recoupment payment arrangement constitutes a voluntary payment and that you may be waiving the right to potential payment of interest pursuant to Section 1893(f)(2) for the overpayment(s). **Note:** Such interest may be payable for certain overpayments reversed at the Administrative Law Judge level or subsequent levels of appeal.

Printed Name:_____

Signature: _____

Provider, Administrator or CFO's signature (someone with authority is required to sign).

Title:_____

Phone Number: _____**Date:** _____

Mail or fax the completed form to:

Mail:
National Government Services, Inc.
Part A Overpayment Recovery Unit
P.O. Box 7149
Indianapolis, IN 46207-7149

Fax:
315-442-4135 (CT, NY)
315-442-4006 (NH, VT)
315-442-4007 (MA, ME, RI, HH&H)
Attn: Immediate Recoupment Request Form

National Government Services will process your request within ten business days from the receipt date. A notice of completion will not be sent.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES