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PALMETTO GBA®
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Request for Accelerated / Advance Payment

***ALL** fields are **REQUIRED**.*

Provider Information

Provider Name:

Provider Address:

National Provider Identifier (NPI):

Provider Number (PTAN):

Contact Information

Contact Name (Please Print):

Contact Phone Number:

( ) -

Contact E-mail Address:

Cash balance is seriously impaired due to (please check all that apply):

☐ Abnormal delay in title Medicare claims processing and/or payment by the MAC.

☐ Delay in provider billing process of an isolated temporary nature beyond the provider's normal billing cycle and not attributable to other third-party payers or private patients. **(Explanation Required)**

Explanation:

A. General fund cash position for provider:

As of date: / /

B. Anticipated receipts from all sources in next 30 days (Exclude accelerated payments):

C. Anticipated expenditures in next 30 days:

D. Indicated cash position in next 30 days (A + B - C):

E. Total Accelerated/Advance Payment Amount Requested:

Period of Time Covered (# of months):

Signature:

Date:

I certify that I am an authorized representative that is legally able to make financial commitments and assume financial obligations on the provider's behalf.

Please send this form and all additional documentation to:

JM.FINANCIALRELIEF@palmettogba.com

Palmetto GBA, LLC
Advance Payments (AG-340)
2300 Springdale Drive, Bldg One
Camden, SC 29020