



Immediate Offset Request

ALL fields are REQUIRED.

Providers can elect the immediate offset process for demanded overpayments. There are two options for immediate offsets. Providers can make a one-time request on the total overpayment amount in a single demand letter AND any future demanded overpayments or providers can request an immediate offset on a demanded overpayment addressed in a single letter only.

You can elect the immediate offset process to avoid making a payment by check and /or avoid the assessment of interest if the immediate offset satisfies the overpayment in full before aging 31 days from the initial demand.

Please Note: An immediate offset request will be processed as soon as possible; however, this request does not guarantee that interest will not accrue on the overpayment. To eliminate the risk of interest accruing, your request should be submitted as soon as possible after being notified of the debt as interest automatically accrues 31 days from the date of the initial demand letter.

Requesting an Immediate Offset

To request an immediate offset for a demanded overpayment, please **select one** of the following two options:

For your convenience, submit this form electronically via the eServices portal located at www.PalmettoGBA.com/eServices or complete this form and fax to the phone number at the bottom of this form.

Option 1: Fax a copy of the first page of the overpayment demand letter, with this form, and indicate "IMMEDIATE OFFSET" either on the demand letter and/or on the fax cover sheet **AND**, also immediately offset any future demanded overpayments. Complete, sign and fax this form. This form must be signed by the Administrator, CFO or other provider representative authorized to make financial decisions for this provider.

Option 2: Fax a copy of the first page of the overpayment demand letter, and indicate "IMMEDIATE OFFSET" either on the demand letter and/or on the fax cover sheet for a single demand letter only. Each request for an immediate offset for a single demand letter should be sent separately. Complete, sign and fax this form. This form must be signed by the Administrator, CFO or other provider representative authorized to make financial decisions for this provider.

Provider Name:

Contact Name:

Provider Medicare Number:

Contact Phone Number:

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National Provider Identification (NPI) Number:

Printed Name of Requestor:

Signature of Requestor:

Date

Type of Requestor:

- Administrator CFO Representative authorized to make financial decisions

