

Request for Extended Repayment Schedule

Instructions

- Note the check is mailed to a different address than the ERS documentation. The ERS documentation must include a copy of the check.
- Once a completed application is submitted, payments must continue on a monthly basis until the provider receives written approval or denial of the ERS request. If completed information is not received within an allotted amount of time, 30 days from the date of the demand letter, the ERS application will be closed out and withholding shall be initiated at one-hundred (100) percent.
- Number of months requested cannot exceed 60 months. The ERS may be granted for a period of time equal to or less than the number of months requested based on the analysis of the financial information.
- Note: A copy of the check, along with the required information, should be mailed to the address listed at the bottom of this form.

Provider Information

Provider Name*

Provider Address*

National Provider Identifier (NPI)*

Provider Number (PTAN)*

Date*

 / /

Contact Information

Contact Name*

Contact Title*

Phone Number*

 () -

Email Address*

Overpayment Detail Information

Overpayment Amount*

Invoice Number (if available)

Date of Demand Letter*

 / /

No. of Months Requested for ERS*

I authorize Palmetto GBA to automatically apply underpayments and/or manual refunds to this overpayment.

Please ensure that all balance sheets and income statements include the following statements:

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THE BALANCE SHEETS OR INCOME STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW.

I HEREBY CERTIFY THAT I HAVE EXAMINED THE BALANCE SHEETS AND INCOME STATEMENTS PREPARED BY AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT FROM THE BOOKS AND RECORDS OF THE DEBTOR.

Signed*

Date*

 / /

Office or Owner of debtors*

Request for Extended Repayment Schedule

First Payment Submission Instructions

- A copy of this form must be submitted with the first payment and any subsequent payments while under review.
- If submitting payment via overnight courier: please ensure payment is made payable to Palmetto GBA and reference “ERS Request” to the overnight address listed at the bottom of this form.
- If submitting payment via regular mail: please ensure the payment is made payable to Palmetto GBA and reference “ERS Request” to the P.O. Box listed at the bottom of this form.
- If submitting payment electronically: Please submit payment via the Palmetto GBA eServices Portal. You will have the ability to attach a copy of this form to your payment to ensure proper processing.

Provider Information

Provider Name*

Provider Address*

National Provider Identifier (NPI)*

Provider Number (PTAN)*

Date*

 / /

Contact Information

Contact Name*

Contact Title*

Phone Number*

() -

Email Address*

Overpayment Detail Information

Overpayment Amount*

Invoice Number (if available)

Date of Demand Letter*

 / /

No. of Months Requested for ERS*

I authorize Palmetto GBA to automatically apply underpayments and/or manual refunds to this overpayment.

Please send this form and all additional documentation to:

A/B MAC - Palmetto GBA, LLC
Medicare Part A - Finance & Accounting
P.O. Box 100312
Columbia, SC 29202

Electronic Payment Submission

Palmetto GBA eServices Portal
Login via
www.palmettogba.com/eservices

Overnight Address

Medicare Finance (AG-260)
Palmetto GBA, LLC
2300 Springdale Drive
Building 1
Camden, SC 29020

Email

JJ.ERS@palmettogba.com

Documentation Supporting a Request for Extended Repayment Schedule

All the listed items must be submitted in order to begin the process of determining financial hardship. If you are unable to furnish one or more of the required documents, please submit a statement explaining the reason for the delay or inability.

If a physician/sole proprietor:

The provider shall furnish (for ERS request of 6 months to 15 months follow requirements 1-3. For ERS requests over 15 months follow requirements 1-6):

1. A copy of the overpayment notification letter
2. **Signed Proposed Amortization Schedule** - CMS requires a signed request including a proposed monthly term and payment installment schedule, as a provider's agreement to pay its overpayment through installment payments. A written request must be submitted that refers to the specific overpayment for which an extended repayment is being requested. This request must detail the number of months requested, indicate the approximate monthly payment amount (principal and interest, if possible), and include the first payment.
3. **Installment Payments** - CMS requires the provider to submit the first installment payment (per the proposed amortization schedule), along with any future payments due while under review.
4. **CMS 379 Form (Financial Statement of Debtor)** - To obtain a form, you may access the CMS website at <http://cms.hhs.gov/forms/cms379.pdf>
5. **Financial Statements of the Debtor** - Include statements from the most recent calendar year.
6. **Income Tax Return** - A copy of the physician's income tax filing for the most recent calendar year.

If not a sole proprietor:

The provider shall furnish (for ERS request of 6 months to 15 months follow requirements 1-3. For ERS requests over 15 months follow requirements 1-13):

1. A copy of the overpayment notification letter.
2. **Signed Proposed Amortization Schedule** - CMS requires a signed request including a proposed monthly term and payment installment schedule, as a provider's agreement to pay its overpayment through installment payments. A written request must be submitted that refers to the specific overpayment for which an extended repayment is being requested. This request must detail the number of months requested, indicate the approximate monthly payment amount (principal and interest).
3. **Installment Payments** - CMS requires the provider to submit the first installment payment (per the proposed amortization schedule), along with any future payments due while under review. See page 2
4. **Balance sheets** - the provider's most current balance sheet and the balance sheet for the last complete Medicare cost reporting period (or the most recent fiscal year).
NOTE: If the time period between the two balance sheets is less than 6 months (or the provider cannot submit balance sheets prepared by its accountant), it must submit balance sheets for the last two complete Medicare cost reporting periods (for providers that file a cost report) or for the last two complete fiscal years (for providers that don't file a cost report).
5. **Income statements** - the provider's most current income statement through at least the last quarter of the calendar year. Also an income statement for the provider's prior Medicare cost reporting period or the previous fiscal year end.
6. **Cash flow statements** - for the periods covered by the balance sheets (see Exhibit 3 of the Medicare Financial Management Manual (publication #100-06) - Chapter 4 (Debt Collection) for recommended format). If the date of the provider's request for an extended repayment schedule is more than 3 months after the date of the most recent balance sheet, a cash flow statement shall be provided for all months between that date and the date of the request.
7. **Projected cash flow statement** - from the date of the request and covering the remainder of the fiscal year. If fewer than 6 months remain, the provider shall include a projected cash flow statement for the following year (see Exhibit 4 of the Medicare Financial Management Manual (publication #100-06) - Chapter 4 (Debt Collection) for recommended format).
8. **List of restricted cash funds** - by amount as of the date of request and the purpose for which each fund is to be used. If not applicable, please submit a statement indicating this is the case.
9. **List of investments** - by type (stock, bond, etc.), amount, and current market value as of the date of the report. If not applicable, please submit a statement indicating this is the case.
10. **List of notes and mortgages payable** - by amounts as of the date of the report, and their due dates. If not applicable, please submit a statement indicating this is the case.
11. **Schedule showing amounts** - due to and from related companies or individuals included in the balance sheets. The schedule should show the names of related organizations/persons, TIN and NPI numbers. It shall also show where the amounts appear on the balance sheet-- such as Accounts Receivable, Notes Receivable, etc. If not applicable, please submit a statement indicating this is the case.
12. **Schedule showing types** - amounts of expenses (included in the income statements) paid to related organizations. The schedule shall show names of the related organizations, TIN and NPI numbers. If not applicable, please submit a statement indicating this is the case.
13. **The percentage of occupancy or percentage by payer type** - by type of patient (e.g., Medicare, Medicaid, private pay) and total available bed days for the periods the income statements cover. If provider does not have patient occupancy, they shall include the percentage of revenue by Payer Type (e.g., Medicare, Medicaid, private pay).

Note: First payment and ERS documentation must be submitted separately.

All financial records must be for the business participating in the program. It should not be for the owner if the business is a partnership or a corporation. If an outside facility manages the financial aspects of the business, the provider shall submit individual financial records as well as the financial records of the outside facility.