



Extended Repayment Schedule (ERS) Request Form

All fields are required

Provider Name:

Provider Number (PTAN):

NPI Number:

Provider State:

Contact Name:

Contact Title:

Contact Email Address:

Contact Telephone Number:

Overpayment Type:

Date of Demand Letter:

Overpayment Amount:

No. of Months Requested for ERS (>6 months - <60 months):

Rationale for ERS Request:

I authorize the MAC to automatically apply underpayments and/or manual refunds to this Extended Repayment Schedule (Yes/No):

Signature:

Date:



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Part A/B – Sole Proprietor

PTAN:

NPI:

A provider is expected to repay any overpayment promptly. If repaying an overpayment within 30 days would constitute a “hardship” on the provider, a request for an Extended Repayment Schedule (ERS) should be submitted immediately. However, if the overpayment is outstanding and not referred to Treasury, the provider shall request an ERS beyond 30 days. An ERS is not a request to delay an overpayment due date.

- In order to qualify for an ERS, the provider must meet the “hardship” rule. Hardship exists when the total amount of all outstanding overpayments (principal and interest) not included in an approved, existing repayment schedule is 10 percent or greater than the total Medicare payments made for: (1) the cost reporting period covered by the most recently submitted cost report; or (2) the previous calendar year for a non-cost report provider.
- If a complete ERS request with all required documentation and good faith payment are received, recoupment will be ceased, unless payments are currently being suspended or withheld for other reasons.
- Recouped funds that occur while processing an ERS request shall not be refunded.
- Payments must continue to be submitted every 30 days until the provider receives written approval/denial instructing otherwise. Payments should be made payable to ‘**Medicare Part -- (A or B)**’ and referenced ‘**ERS**’.
- Provide a copy of the first installment, per the proposed amortization schedule, as well as tracking information with your emailed request submission. Recoupment will not be ceased until a first payment (good faith payment) is received at the below address.

All ERS requests and documentation should be submitted to the email: FCSO-ERS@FCSO.com

Payments: ERS Processing
First Coast Service Options, Inc.
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050
(via priority mail or commercial carrier)

All items mailed to the above address should also be communicated to the above email.

ERS Checklist of Required Documentation

To be considered for an ERS request, the following documentation is required. Required documentation must be submitted to the contractor 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.**

Items Included? (Yes, No, N/A = Not Applicable (provide explanation))

For all ERS requests (6 – 60 months):

1. **Extended Repayment Schedule (ERS) Request Form** – Page 3.
2. **Overpayment Notification Letter(s)** – Provide a copy of the Overpayment Notification Letter(s) requesting an ERS on.
3. **Signed Proposed Amortization schedule** – The schedule should contain the length of proposed repayment, dates of payment, and payment amounts separated between principal and interest. Applicable interest rate is indicated within the initial overpayment letter.
4. **Good Faith Payments** – Submit a good faith payment, per the proposed amortization schedule, along with future payments while under review (every 30 days). Provide check and tracking copies.

For ERS requests 16 months or greater (16 - 60 months):

5. **Form CMS-379** – Form must be fully completed and signed by the provider. The information requested on this form is necessary to determine if the provider will be able to make installment payments on a claim. Form may be retrieved from the CMS website: www.CMS.gov
6. **Financial Statements** – of Debtor (to support form CMS-379).
7. **Income Tax Return** – A copy of the provider's income tax filing for the most recent calendar year.