



## Extended Repayment Schedule (ERS) Request Form Part A/B - Not a Sole Proprietor

PTAN: \_\_\_\_\_

NPI: \_\_\_\_\_

**If any of the information requested is not applicable, please indicate this in your response.**

**Extended Repayment Schedule (ERS) Request Form** - Found on Page 3

**Overpayment Notification Letter** - Provide a copy of the Overpayment Notification Letter.

**Amortization Schedule** - The schedule should contain the length of proposed repayment, dates of payment, and payment amounts separated between principal and interest.

**First Payment** - CMS requires the provider to submit the first installment payment, per the proposed amortization schedule, along with any future payments while under review.

**Balance Sheets** - The most current balance sheet and the balance sheet for the most recent full fiscal year (preferably prepared by the provider's accountant). If consolidated statements (including more than one entity) are submitted, separate statements showing the individual provider's contribution must also be submitted.

**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), financial statements for the last two fiscal year end reporting periods are required in addition to the current interim financial statements. This would include Balance Sheets, Income Statements, and Statements of Cash Flow.*

**Income Statements** - Income Statements related to each of the Balance Sheets. Payer mix information should also be included.

**Cash Flow Statements** - Cash Flow Statements for the periods covered by each of the balance sheets. If the date of the request for an ERS is more than three (3) months after the date of the most recent balance sheet, a cash flow statement should be prepared for all months between that date and the date of the request.

**Projected Cash Flow Statement** - A projected Cash Flow Statement covering the remainder of the current fiscal year. If fewer than six (6) months remain, a projected cash flow statement for the following year should be included.

**Statement of Sources and Application of Funds** - for the periods covered by the Balance Sheets.

**A 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 AR, Notes Receivable, etc.



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Mechanicsburg, PA 17050  
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**A schedule showing types** and 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.

**Investments** - List of investments by type (stock, bond, etc.), amount, and current market value as of the date of the report.

**Restricted Cash** - List of restricted cash funds by amounts as of the date of request and the purpose for which each fund is to be used.

**Notes and Mortgages** - List of notes and mortgages payable by amounts as of the date of the report, and their maturity dates.

**Occupancy Mix (Part A only)** - by type of patient (e.g., Medicare, Medicaid, Private Pay) total available bed days for the periods the income statement covers.

**Loan Application**- Requests for extended repayment of 36 or more must include at least one letter from a financial institution denying the provider's loan request for the amount of the overpayment.

**Certification Statement**- The financial statements submitted must contain a certification regarding misrepresentation or falsification of information.

**CMS suggests that the certification contain the following wording:**

"MISREPRESENTATION AND FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS BALANCE SHEET OR INCOME STATEMENT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW".

I HEREBY CERTIFY that I have examined the balance sheet and income statement 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 provider.

Certified by: \_\_\_\_\_

Officer Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

All ERS Requests and documentation for both Part A and Part B providers should be sent to:

ERS Processing

Novitas Solutions  
2020 Technology Parkway, Suite 100  
Mechanicsburg, PA 17050

Or e-mail the documentation to: [CFOERP@novitas-solutions.com](mailto:CFOERP@novitas-solutions.com)

Provider Name:	<input type="text"/>	Overpayment Type:	<input type="text"/>
Provider Number:	<input type="text"/>	Dates of Demand:	<input type="text"/>
NPI Number:	<input type="text"/>	Request Amount:	<input type="text"/>
State:	<input type="text"/>	Months Requested (<60 months):	<input type="text"/>

Rationale for Request:

The provider identified above is requesting an Extended Repayment Schedule (ERS) in order to repay the Medicare Trust Fund for the amount noted above. The Provider agrees to make monthly installment payments as approved by Novitas Solution, Inc. ("Novitas Solutions") and/or the Centers for Medicare and Medicaid Services ("CMS"). The Provider understands that if one payment is missed, or is unable to be collected within 30 days of the payment due date, that the debt will become due and payable immediately.

Furthermore, if Novitas Solutions or CMS has determined that an underpayment should be issued due to a cost report or manual refund due to over collection, then the Provider elects to (please indicate your preference below):

- have any underpayment(s) or manual refund(s) automatically applied toward any outstanding Extended Repayment Schedules.
- receive a written request for rebuttal granting 15 days to provide a statement and supporting documentation to substantiate your request.

Signature: \_\_\_\_\_

Printed Name:

Title:

Date: