



Extended Repayment Schedule (ERS) Request Form Part A/B - 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 2

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.

Installment Payments - CMS requires the provider to submit the first installment payment (per the proposed amortization schedule), along with any future payments while under review.

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.

Financial Statements - of Debtor.

Income Tax Return - A copy of the provider's income tax filing for the most recent calendar year.

Loan Application - Requests for an ERS repayment term of more than 36 months must be accompanied by at least one letter from a financial institution denying the provider's loan request.

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



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2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050
www.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: