



# Medicare Part B Immediate Recoupment Request Form

## To request Immediate Recoupment:

1. Fill out the information requested below
2. Attach a copy of the first page of the demand letter
3. Select the option you prefer for this fax
4. Sign and provide contact name and phone number
5. If you are a PA, NJ, MD, DC, or DE provider, fax to: (717) 728-8722  
If you are an AR, CO, LA, MS, NM, OK, or TX provider, fax to: (717) 728-8728

This form should be faxed to Novitas Solutions Part B no later than the 16th day from the date of your initial demand letter.

NOTE: Providers who request immediate recoupment must realize it is considered a **voluntary repayment**.

## Required Information:

Provider Name: \_\_\_\_\_

Provider's Medicare Number: \_\_\_\_\_

Provider's National Provider Identifier (NPI): \_\_\_\_\_

State Services were Rendered: \_\_\_\_\_

Demand Letter Number(s): \_\_\_\_\_

## Select Option you are requesting in this fax:

A one-time request for all invoices included in the current overpayment demand letter(s) listed above **and all future overpayments**.

A request for all invoices in only the current overpayment demand letter(s) listed above.

A request to discontinue participation in the immediate recoupment process for all future requests.

Signature (Provider, Administrator, or CFO): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

By signing the form your acknowledging that you understand that going through the immediate recoupment process is considered to be a payment arrangement that constitutes a voluntary payment and will not be subject to 935 (f) (2) interest pursuant to 1893(f)(2). The exception to this is when your appeal at the Administrative Law Judge (ALJ) prevails, any money recouped 30 calendar days after the reconsideration decision will be subject to 935 interest.

