



Medicare Part B

Immediate Recoupment/Offset Request Form

To request Immediate Recoupment/Offset:

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/offset 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/offset 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/offset 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/offset 30 calendar days after the reconsideration decision will be subject to 935 interest.

