

## CASH POSITION SCHEDULE

1. Provider: \_\_\_\_\_ Provider Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Intermediary: \_\_\_\_\_
3. Check (a) or (b) or both if applicable:
- ☐ (a) Abnormal delay in title XVIII claims precessing and/or payment by the health insurance intermediary.
- ☐ (b) Delay in provider billing process of an isolated temporary nature beyond the provider's normal billing cycle and not attribute to other third-party payers or private patients.
4. a. General fund cash position for provider as of \_\_\_\_\_ \$ \_\_\_\_\_
- b. Anticipated receipts from all sources (exclusive of accelerated payments) in the next 30 days \$ \_\_\_\_\_
- c. Anticipated expenditures in the next 30 days \$ \_\_\_\_\_
- d. Indicated cash position in next 30 days (a + b - c) \$ \_\_\_\_\_

## **CERTIFICATION**

I, [Name] \_\_\_\_\_, [Title] \_\_\_\_\_ certify the validity of the request for an accelerated payment by:

Provider: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ from the Medicare program.

In specific, I certify the accuracy of the statements checked below:

- ☐ I understand that Medicare is making an accelerated payment for services already provided.
- ☐ The Provider has put forth a good faith estimate of the amount actually due for services already provided.
- ☐ The accelerated payment will be used to operate the Provider, and will not be used for payments outside the Provider's ordinary course of business as operating facility.
- ☐ The Provider has no plans to file for bankruptcy.
- ☐ The Provider has not retained bankruptcy counsel.
- ☐ The Provider has no plans to cease doing business.
- ☐ The Provider understands this accelerated payment will be collected once this issue is resolved.

In signing for myself and for the Provider., I understand that false statements are punishable as a felony under 18 U.S.C. §1001, which provides as follows:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both.

Signed:

\_\_\_\_\_  
(Name & Title)

Dated: This \_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_