



A CMS Medicare Administrative Contractor http://www.NGSMedicare.com

## Jurisdiction K Part B Immediate Recoupment Request Form

The undersigned provider is voluntarily electing to have their Medicare Part B overpayment(s) repaid through the immediate recoupment process to avoid paying by check or waiting for the standard recoupment that begins on day 41 from date of the initial demand letter. The request for immediate recoupment request form must be received no later than 16 days from the date of initial demand letter.

Prov	ider Name:
Prov	ider Medicare Number:
Nati	onal Provider Identifier:
Prov	ider Address:
Demand Letter Number:	
PLEA	ASE INCLUDE THE FIRST PAGE OF THE DEMAND LETTER WITH YOUR REQUEST IF APPLICABLE.
	ck the immediate recoupment option that is being requested. <b>If a box is not checked, your request will be processed.</b>
	Request for all future overpayments
	A one-time request for all current overpayment(s) addressed in the referenced demand letter and all future overpayments
	Request for all current overpayment(s) addressed in the referenced demand letter only
	Request to terminate a previously established immediate recoupment agreement
cons purs over	Ubmitting this request you acknowledge that an immediate recoupment payment arrangement titutes a voluntary payment and that you may be waiving the right to potential payment of interest uant to Section 1893(f)(2) for the overpayment(s). <b>Note:</b> Such interest may be payable for certain payments reversed at the Administrative Law Judge level or subsequent levels of appeal.
	ature:
•	Provider, Administrator or CFO's signature (someone with authority is required to sign).
	:
Phor	ne Number:Date:Date:
Mail	or fax the completed form to:
JK Po P.O. I	onal Government Services, Inc. art B MAC Overpayment Recovery Unit Box 7204 anapolis, IN 46207-7204
	317-913-6510 Immediate Recoupment Request Form
	onal Government Services will process your request within ten business days from the receipt date. A ce of completion will not be sent.

