

REQUEST FOR AN EXTENDED REPAYMENT SCHEDULE (ERS)

PROVIDER NAME:	
PROVIDER NUMBER:	
RECEIVABLE NUMBER(S) (if known):	
RECEIVABLE BALANCE(S):	
DATE(S) OF DEMAND:	
NUMBER OF MONTHS REQUESTED:	
MONTHLY PAYMENT AMOUNT REQUESTED PER PROPOSED AMORTIZATION SCHEDULE:	
AUTOMATICALLY APPLY UNDERPAYMENTS/REFUNDS TO ERS:	Yes No

The Provider identified above hereby agrees to repay the above-referenced Medicare overpayment(s) (identified as the "Receivable(s)") via monthly installment payments, including any previously accrued interest outstanding and additional interest accruing on the unpaid principal balance(s). I understand that should the Provider fail to make required payments as scheduled, the remaining balance(s) will become immediately due in full. If the person signing below is not also the Provider, the signer certifies that he has obtained authorization from the provider to execute this document on behalf of the Provider.

OFFICER/OWNER/ADMINISTRATOR SIGNATURE:	
PRINTED NAME:	
TITLE:	
DATE:	

Instructions: Please complete this request form and provide the additional information required according to the appropriate checklist. If a receivable control number (ex. DCN) is not known, then a copy of the first page of the Medicare overpayment letter may be provided to identify it.

At the same time as the request, the good faith payment referencing the provider number and "ERS Request" should be made payable to "CGS Administrators, LLC" and **sent to the payment address noted in the Medicare overpayment letter** in order to avoid processing delays. This payment must be received timely in order to suspend automatic recoupment activities for the receivable. A copy of the check should also be included with the request. A list of available CGS payment addresses may be found at http://www.cgsmedicare.com/ers/payment_addresses.html

All ERS requests and documentation should be submitted via e-mail CGS.ERS.CORR@cgsadmin.com, fax 1.615.664.5949 or mailed to:

CGS Administrators, LLC
ATTN: CFO Extended Repayments
 PO Box 20018
 Nashville, TN 37202

All required items are needed to begin the process of determining financial hardship. If a provider is unable to furnish one or more of the applicable checklist documents with the request, a statement explaining the reason for the delay or inability must be included. All items **must** be received within 15 days of the request for it to be considered valid.

Sole Proprietor Checklist:

http://www.cgsmedicare.com/ers/sole_ers_checklist_re.pdf

Other Entity Checklist:

http://www.cgsmedicare.com/ers/other_ers_checklist_re.pdf

Questions about ERS applications may be e-mailed to:

CGS.ERS.CORR@CGSADMIN.COM

Extended Repayment Schedule (ERS)

Web page:

<http://www.cgsmedicare.com/ers/index.html>