
J15 Part A and HH&H Services Accelerated Payment Certification

Name _____

Title _____ certify the validity of the request for an accelerated payment by

Provider _____ in the amount of \$ _____ from the Medicare program.

(Include at least the first page of the demand letter or information indicating which overpayment.)

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 providers have no plans to file for bankruptcy.

The provider has not retained bankruptcy counsel.

The provider has no plans to cease doing business

In signing for myself and for the provider, I understand that false statements are punishable as a felony under 18 U.S.C. SS1001, 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 a trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned no more than five years, or both.

Signature _____

Date _____

