

EXTENDED REPAYMENT SCHEDULE CHECKLIST

Sole Proprietor

YES	NO	ITEMS INCLUDED:	For a "No" response, please provide a statement explaining why the item cannot be included with submission of the initial request or is not applicable:
		<p>Signed Request – The CGS Request for an Extended Repayment Schedule form (http://www.cgsmedicare.com/ers/ers_form_re.pdf) is a signed written request that provides the specific overpayment for which the extended repayment is being requested, the number of months requested, and the approximate monthly payment amount.</p>	
		<p>Amortization Schedule – This schedule shall contain the proposed repayment schedule, including length of schedule, dates of payment, and payment amount broken down between principal and interest for the life of the schedule. CGS has provided some examples of amortization schedules at http://www.cgsmedicare.com/ers/amortization.html.</p>	
		<p>First Payment – The first 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. A list of available CGS payment addresses may be found at http://www.cgsmedicare.com/ers/payment_addresses.html. A copy of the check should also be included with the faxed or mailed request documents.</p>	
For requests to extend payments for more than eleven months, providers must additionally provide:			
		<p>Form CMS-379 – All sections of the CMS-379 (Financial Statement of Debtor) form must be completed, and the form must be signed and dated to certify that the information is true. A form may be obtained from the CMS website at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS379.pdf.</p>	
		<p>Financial Statements – A copy of most recent financial statements.</p>	
		<p>Income Tax Return – A copy of the income tax filing for the most recent calendar year.</p>	

Extended Repayment Schedule (ERS) information on the CGS website: <http://www.cgsmedicare.com/ers/index.html>

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