

Medicare Part A Provider Request for Immediate Offset

Please complete this form when requesting immediate offset of your Medicare payments to an outstanding Medicare debt. Fax this form along with a copy of the demand letter to 701-277-6572. Attn: Provider Audit.

Provider Name:

***Provider Number/NPI:**

***Provider Contact:**

***Phone #:**

Date of Demand Letter:

***Letter Number:**

State:

***Provider or CFO Signature:**

***Please check one:**

- One-time request for the current overpayment **and all future overpayments**
- Request on a specific overpayment addressed in a demand letter

***Required Fields**

If you have any questions, please call 877-908-8431.

Comments: