

JF PART B REQUEST FOR EXTENDED REPAYMENT SCHEDULE (ERS)

All items listed below must be submitted to the carrier to begin the process of determining financial hardship.

Payee/Provider/Supplier Number:

Invoice Number(s)/Letter Number(s)/Cost Report Settlement:

Contact Information (required): Name:

Phone Number:

Email:

Length of ERS Loan (Months)

6-15 months

16-60 months

ERS Required Documentation

Any loan length greater than 15 months, will require additional documentation. If you are unable to furnish one or more of the required documents, please submit a statement explaining the reason for delay or inability.

List of required documents	Included or Not Included (If not included explanation is needed)
Copy of Notification Letter:	<input type="checkbox"/> Document included If not, Explanation needed:
Elect to have any underpayments or manual refunds automatically applied to their overpayment after approval of ERS request	Submit Monthly Checks Have the monthly installment offset from my remit.

List of required documents	Included or Not Included (If not included explanation is needed?)
Signed Proposed Amortization schedule:	<input type="checkbox"/> Document included If not, Explanation needed:
Good Faith Payment:	<input type="checkbox"/> Document included If not, Explanation needed:
Pre-Accrued Interest: If there is any interest that has accrued on the debt prior to Noridian receiving this request, the interest will need to be recovered in one lump sum payment or over multiple months (not to exceed three months).	<input type="checkbox"/> Document included If not, Explanation needed:

Additional Required Documentation for Loans 16-60 Months

Sole Proprietor

List of required documents	Included or Not Included (If not included explanation is needed)
CMS-379 Form	<input type="checkbox"/> Document included If not, Explanation needed:
Income Tax Returns from the most recent calendar year:	<input type="checkbox"/> Document included If not, Explanation needed:
Financial Statements	<input type="checkbox"/> Document included If not, Explanation needed:

Non-Sole Proprietor

List of required documents	Included or Not Included (If not included explanation is needed)
Balance Sheets	<input type="checkbox"/> Document included If not, Explanation needed:
Income Statements:	<input type="checkbox"/> Document included If not, Explanation needed:
Cashflow Statements:	<input type="checkbox"/> Document included If not, Explanation needed:
Projected Cash Flow Statement:	<input type="checkbox"/> Document included If not, Explanation needed:
List of Restricted Funds:	<input type="checkbox"/> Document included If not, Explanation needed:

List of required documents	Included or Not Included (If not included explanation is needed)
List of investments:	<input type="checkbox"/> Document included If not, Explanation needed:
List of Notes and Mortgages Payable:	<input type="checkbox"/> Document included If not, Explanation needed:
Schedule Showing Accounts:	<input type="checkbox"/> Document included If not, Explanation needed:
Projected Cash Flow Statement:	<input type="checkbox"/> Document included If not, Explanation needed:
Percentage of Occupancy (Part A ONLY):	

Please ensure that all balance sheets and income statements include the following statements:

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THE BALANCE SHEET OR INCOME STATEMENT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW.

CERTIFICATION BY OFFICER/ADMINISTRATOR OF PROVIDER(S) (FOR PHYSICIANS/SUPPLIERS,
CERTIFICATION BY OFFICER/OWNER OF DEBTORS(S))

I HEREBY CERTIFY THAT I HAVE EXAMINED THE BALANCE SHEET AND INCOME STATEMENT
PREPARED BY _____ AND THAT TO THE
BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT FROM
THE BOOKS AND RECORDS OF THE PROVIDER.

Signed:

Dated:

Officer or Owner of Debtors:

Title:

All financial records must be for the business participating in the program. It should not be for the owner if the business is a partnership or a corporation. If an outside facility manages the financial aspects of the business, the provider shall submit individual financial records as well as the financial records of the outside facility. Please submit all documentation to which you have answered a "Not Included" response within 10 days of this request.

Payment made out to Noridian Healthcare Solutions, LLC along with the form and all required documentation, should be mailed directly to:

Noridian Medicare JF Part B Refund
ATTN: Extended Repayment
Schedule PO Box 511359
Los Angeles, CA 90051-7914

Important Information to Know

Amortization Schedule - A written and signed request must be submitted that refers to the specific overpayment for which an extended repayment is being requested. This request must detail the number of months requested, indicate the approximate monthly payment amount (principal + interest, if possible), and include the first payment along with future payments due while the request is under review. An [amortization schedule template](#) is available on the Noridian Medicare website if needed.

1. Filling out the Amortization Schedule:
 - a. Loan Amount: How much you need the loan for (add the overpayments to get the total)
 - b. [Interest Rate](#): This can be found on the first demand letters they can also be located on our website.
 1. If the overpayments have different interest rates, multiple amortization schedules will need to be submitted
 - c. Loan Term in months
 - d. Date submitting the ERS Request

Good Faith Payment - Good faith payments are monthly payments submitted by the provider while an ERS is in review. They should equal one month's payment of the provider's requested terms; ex. 36-month request = 1/36th minimum good faith payment. Payment shall continue to be submitted while the ERS is being reviewed. Your good faith payment should reference "ERS Request" and made payable to Noridian Healthcare Solutions, LLC. Note: To have collections stopped on overpayments being requested for an ERS loan, a good faith payment is required. To determine the good faith payment, the amortization schedule needs to be filled out.

Note: If there is any interest that has accrued on the debt prior to Noridian receiving this request, the interest will need to be recovered in one lump sum payment or over multiple months (not to exceed three months).

Balance Sheets - The most current balance sheet and one for the last completed fiscal year (preferably prepared by your accountant). If consolidated statements (including more than one entity) are submitted, separate statements showing the individual provider's contribution must also be submitted. **Note:** If the time between the two balance sheets is less than six months (or you cannot submit balance sheets prepared by your accountant), you must submit balance sheets for the last TWO completed Medicare fiscal years in addition to the most current balance sheet.

Income Statements - Related to the balance sheets (preferably prepared by your accountant).

Cash Flow Statements - For periods covered by the balance sheets. If the date of the request for an extended repayment plan is more than three months after the date of the most recent balance sheet, a cash flow statement should be prepared for all months between that date and the date of the requested.

Projected Cash Flow Statement - Covering the remainder of the current fiscal year. If fewer than six months remain, a projected cash flow statement for the following year should be included.

List of Restricted Cash Funds - By amounts as of the date of the request and the purpose for which each fund is to be used (if applicable).

List of Investments - By type (stock, bond, etc), amount, and current market value as of the date of the report (if applicable).

Schedule Showing Amounts - Due to and from related companies or individuals included in the balance sheets. The schedule should show the names of related organizations/persons, TIN, and NPI numbers. It shall show where the amounts appear on the balance sheet, such as Accounts Receivable, Notes Receivable, etc.

The Percentage of Occupancy - By type of patient - Part A Only - (Medicare, Medicaid, Private pay) and total available bed days for the periods of the income statements cover.