

## JF Medicare Part B Request for Immediate Recoupment

This request is for the provider to voluntarily elect to have their Medicare Part B overpayment(s) automatically recouped from currently processed and paid claims through the immediate recoupment process. The request for immediate recoupment must be received no later than **16 days** from the date of the initial overpayment demand letter. This request needs to be completed correctly for it to be processed within ten (10) business days from the date it is received. A notice will not be sent when the request has been completed. **Please include the overpayment demand letter along with this form.** NOTE: Immediate recoupment will only occur when the demanded overpayment is \$25 or more.

**Submit one Demand Letter per form.** Demand Letter Number: \_\_\_\_\_

Please select one recoupment option:

- Request on a **specific** overpayment demand letter.
- Request a one-time option to recoup the current overpayment **and all future overpayments for the below listed Billing Provider PTAN and Billing Provider NPI combination.**  
If this option is selected, immediate recoupment will continue to occur on all overpayment demands. There will be no need to send in additional requests for Immediate Recoupment in order for current overpayments to immediately recoup. NOTE: If this option is selected, providers will still continue to receive overpayment demand letters.
- Request to terminate the previously established all future overpayment immediate recoupment option.

**Please complete all fields. Both Billing Provider PTAN and Billing Provider NPI are REQUIRED.**

Billing Provider PTAN: \_\_\_\_\_ Billing Provider NPI: \_\_\_\_\_  
 State Services were Rendered: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Signature of Provider or CFO (**required**): \_\_\_\_\_

Please send this form along with the overpayment demand letter using the below fax or mail information.  
 NOTE: Faxing is the fastest method to submit your request.

**Fax Number 701-277-7874**

Medicare Part B JF  
 Attn: Immediate Offset  
 PO Box  
 Fargo, ND 58108-

State	Box Number & Zip Code Ext	State	Box Number & Zip Code Ext
Alaska	6703	Oregon	6702
Arizona	6704	South Dakota	6707
Idaho	6701	Utah	6725
Montana	6735	Washington	6700
North Dakota	6706	Wyoming	6708

*By submitting this immediate recoupment request you acknowledge an immediate recoupment payment arrangement constitutes a voluntary payment and that you may be waiving the right to potential payment of interest pursuant to Section 1893(f)(2) for the overpayment(s). NOTE: Such interest may be payable for certain overpayments reversed at the Administrative Law Judge (ALJ) level or subsequent levels of appeal.*

If you have any questions, please call the Provider Contact Center at 855-609-9960.