

Complete this form when requesting immediate offset of a Medicare Noridian Jurisdiction D DME payment to an outstanding debt. This request for immediate recoupment must be received in writing no later than 16 days from the date of initial 1st demand letter.

To request to have a claim adjusted, visit <https://med.noridianmedicare.com/web/jddme> for the Overpayment Refunds Form.

All fields with an asterisk (*) are required to process the Immediate Recoupment request.

*Supplier Name: _____

*Supplier PTAN and/or NPI: _____

Supplier Contact Name: _____

*Phone Number: _____ Fax Number: _____

State: _____ Overpayment ☐ RAC ☐ SMRC ☐ MSP

*Letter Number: _____ Source: ☐ OIG ☐ UPIC ☐ Other

*Supplier or CFO Signature: _____ Date: _____

***Check one of the following**

- ☐ Request for the current overpayment addressed in this demand letter only
- ☐ One-time request for the current overpayment and all future overpayments
- ☐ Discontinue immediate recoupment of all future overpayments

By submitting this form, the supplier indicates understanding of potential receipt of interest payment pursuant to Section 1893(f)(2) for overpayments is being waived. Note: Such interest may be payable for certain overpayments reversed at the Administrative Law Judge (ALJ).

This request can be submitted using one of the following mechanisms:

- Fax Rcp: 701-277-7894
- Fax Rac: 701-277-7896
- Email: DMEMSPRecoupment@Noridian.com
- Postal: Noridian DME Recoupment
PO Box 6727
Fargo, ND 58108-6727

Noridian DME Jurisdiction D

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