

Request for Accelerated/Advance Payment

Provider Name _____ Provider Number _____

Address _____

Contract/Workload (select one) J15 Part A J15 Home Health & Hospice J15 Part B DME JB DME JC

Cash balance is seriously impaired due to (select one)

Abnormal delay in Title XVIII claims processing and/or payment by the health insurance contractor.

Delay in provider billing process of an isolated temporary nature beyond the provider's normal billing cycle and not attributable to other third party payers or private patients.

Note: If this option is checked, the provider should also include a narrative explaining the nature of the problem, how it will be fixed, and the expected duration of the delay.

a - General fund cash position for provider as of _____ \$

b - Anticipated receipts from all sources in the next 30 days (exclusive of accelerated payments). _____ \$

c - Anticipated expenditures in next 30 days _____ \$

d - Indicated cash position in next 30 days (a + b - c) _____ \$

I certify the accuracy of the statements checked below:

I understand that Medicare is making an accelerated payment for services already provided and I have put forth a good faith estimate of the amount actually due for these services.

The accelerated payment will be used to operate the provider, and will not be used for payments outside the provider's ordinary course of business as operating facility.

The provider has no plans to file for bankruptcy nor has the provider retained bankruptcy counsel.

The provider has no plans to cease doing business

ACCELERATED PAYMENT CERTIFICATION

Name _____

Title _____ certify the validity of the request for an accelerated payment by

Provider _____ in the amount of \$ _____ from the Medicare program.

In signing for myself and for the provider, I understand that false statements are punishable as a felony under 18 U.S.C. SS1001, which provides as follows:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by a trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned no more than five years, or both.

Signature _____ Date _____

Please complete this form and submit with supporting documentation via e-mail CGS.ERS.CORR@cgsadmin.com, fax 1.615.664.5949 or mail to:

CGS Administrators, LLC
ATTN: CFO Accelerated Payments
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Nashville, TN 37202

