

All the listed items must be submitted to the carrier in order to begin the process of determining financial hardship. If you are unable to furnish one or more of the required documents, please submit a statement explaining the reason for the delay or inability.

Payee Number: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

**Good Faith Payment** – Good faith payments are monthly payments submitted by the supplier while an ERS is in review. They should equal one month's payment of the supplier's requested terms; ex. 36-month request = 1/36th minimum good faith payment. Payments shall continue to be submitted monthly while the ERS is being reviewed.

Included     Not Included

**Amortization Schedule** – A written 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 and interest, if possible), and include the first payment along with any future payments due while the request is under review.

Included     Not Included

A copy of the overpayment notification letter.

Included     Not Included

Elect to have any underpayments or manual refunds automatically applied to their overpayment after approval of ERS request.

**Note:** If the ERS request is for 11 months, this is the only documentation required. Please sign, date and fill out the disclosure statement on the last page.

Yes     No

**The following documentation is also required for all ERS requests 12 months or greater:**

**If a sole proprietor:**

A completed Form CMS-379 (Financial Statement of Debtor). To obtain a form, you may access the CMS website at [www.CMS.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS008774](http://www.CMS.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS008774).

Included     Not Included

Income Tax Return from the most recent calendar year.

Included     Not Included

Financial Statements

Included     Not Included

**If not a sole proprietor:**

**Balance Sheets** - The most current balance sheet and the one for the last complete fiscal year (preferably prepared by your accountant). If consolidated statements (including more than one entity) are submitted, separate statements showing the individual supplier's contribution must also be submitted.

**Note:** If the time period 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** complete Medicare fiscal years in addition to the most current balance sheet.

Included     Not Included

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

Included  Not Included

Cash Flow Statements – For the periods covered by the balance sheets. If the date of the request for an extended repayment plan is more than three (3) 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 request.

Included  Not Included

Projected Cash Flow Statement – Covering the remainder of the current fiscal year. If fewer than six (6) months remain, a projected cash flow statement for the following year should be included.

Included  Not Included

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

Included  Not Included

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

Included  Not Included

List of Notes and Mortgages Payable – By amounts as of the date of the report, and their due dates (if applicable).

Included  Not Included

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.

Included  Not Included

Schedule Showing Types – Amounts of expenses (included in the income statements) paid to related organizations. The schedule shall show names of the related organizations, TIN and NPI numbers.

Included  Not Included

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

Included  Not Included

**Note:** If you are unable to furnish some of the documentation, you should fully explain why. 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 supplier shall submit individual financial records as well as the financial records of the outside facility.

Your first payment, referenced "ERS Request", and made payable to Noridian Healthcare Solutions, LLC, along with the above requested information, should be mailed directly to:

Noridian JA DME  
ATTN: Extended Repayment Schedule  
PO Box 511470  
Los Angeles, CA 90051-8025

Please submit all documentation to which you have answered a "not included" response within 10 days of this request.

**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 Supplier(s)**

(for physicians/suppliers, "certification by officer/owner of debtor(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 supplier.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Officer or Owner of Debtor(s): \_\_\_\_\_

Title: \_\_\_\_\_

