

## Request for Immediate Recoupment

### DME JURISDICTION A

**Complete this form when requesting immediate offset of a Medicare Noridian Jurisdiction A 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/jadme> 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

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**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: 701-277-2427
- Fax Rac: 701-277-7896
- Email: [DMEMSPRecoupment@Noridian.com](mailto:DMEMSPRecoupment@Noridian.com)
- Postal: Noridian DME Recoupment JA  
PO Box 6780  
Fargo, ND 58108-6780

Noridian DME Jurisdiction A

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