

EXHIBIT 147

(Rev. 118, Issued: 06-12-14, Effective: 01-01-12, Implementation: 01-01-12)

NOTICE OF PAYMENT AMOUNT DUE AND PAYABLE

(Date)

Provider Name

Address

City, State, ZIP Code

Dear **(Provider Name)**:

Re: Civil Money Penalty Case Number:

By letter dated [date of CMP imposition notice], and in accordance with the statutory provisions of §1819(h) and/or 1919(h) of the Social Security Act, and the regulations at Title 42 of the Code of Federal Regulations, §488.430 to §488.444, we advised you that the Centers for Medicare & Medicaid Services (CMS) had imposed a civil money penalty (CMP) on (facility name) for not meeting the Federal requirements for nursing homes participating in the (Medicare or Medicare and Medicaid) programs. This notice is to inform you that the CMP imposed for (dates for which the CMP was imposed) is due and payable on (due date).

The total **CMP** amount due is (**total dollar amount**). This total represents a **CMP** in the amount of (*specify per instance amount, or specify dollar amount per day/number of days*).

(Also include, if applicable, an explanation of how the amount was calculated. For example, take into consideration a change in the amount reflecting a shift from immediate jeopardy to non-immediate jeopardy or vice versa). (OPTIONAL: If hearing is waived: This total amount reflects a thirty-five percent (35%) reduction in the CMP amount due since you waived your right to a hearing on the noncompliance, as specified at 42 C.F.R. § 488.436).

You should pay the full CMP amount by certified check. Please note that, in accordance with the regulations at 42 C.F.R. § 488.442, CMS will assess interest on any unpaid balance of the penalty beginning on the due date. The rate of interest is [specify the current Federal Treasury rate of interest].

To ensure proper crediting of your payment, please include your CMS Certification Number and the CMP case number, shown above, on your certified check. Make the certified check payable to the Centers for Medicare & Medicaid Services and send your certified check to:

Centers for Medicare & Medicaid Services

*Division of Accounting Operations
Civil Money Penalty
Post Office Box 7520
Baltimore, Maryland 21207-0520*

*If you use a delivery service, such as Federal Express, use **the following address only**:*

*Centers for Medicare & Medicaid Services
Division of Accounting Operations
Civil Money Penalty
7500 Security Boulevard, Mail Stop C3-11-03
Baltimore, Maryland 21244*

(Name)

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(Date)

Do not send your original CMP payment check to this Regional Office. Otherwise, your payment will be considered late and offset may be initiated and/or interest may be imposed. Please send only a copy of your payment check to this Regional Office.

*If CMS does not receive a certified check for the full amount by the CMP due date, both the CMP and any interest accrued after the payment due date will be deducted from sums owing to you from Medicare and/or Medicaid **without any further notification from this office.***

If you need further assistance, please contact [name] at [telephone number]. All correspondence should be directed to [name/telephone number].

Sincerely,

(Name and Title)

cc: State Survey Agency
And/or State Medicaid Agency
Medicare Area Contractor