

Medicare EHR Incentive Program Return Payment/Withdrawal Form

Please use this form if returning a Medicare EHR Incentive payment or withdrawing from the Medicare EHR Incentive Program. Please return this form with your payment.

Name:

Business Address/City/State/ZIP:

Business Phone:

Alternate Phone:

Email:

Individual NPI:

Payee NPI:

Original Attestation Date:

Choose one: EP | Eligible Hospital | CAH

Reason for Withdrawal/Returning Payment:

Signature:

Date:

If you have the original check issued by the payment contractor, you should:

Mail the original check and this form requesting withdrawal from the program to:

**PFDC
PO Box 2816
South Portland, ME 04116-2816**

It is important that immediately upon receipt or as soon as possible, you send the check, and this form or a letter explaining the reason for withdrawal.

If you were paid by EFT or cashed your original check, you should:

Return your payment and withdraw from the program, please issue a check payable to **EHR HITECH Incentive Payment**

Mail the check and this form requesting withdrawal from the program to:

**EHR HITECH Incentive Payment
US Bank
PO Box 809338
Chicago, IL 60680-9338**

It is important that immediately upon receipt or as soon as possible, you send the check, and this form or a letter explaining the reason for withdrawal.

