

# DME MAC Jurisdiction C OFFSET REQUEST FORM

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**For money that Medicare has requested:** To initiate a request for immediate offset of an overpayment one of the following options must be selected.

Immediate offsets are considered voluntary payments therefore waiving rights to section 935 interest for eligible debts.

Please remember offset can only take place if payment is still being received under this payee number.

**Fax Request to:** 1.615.782.4477

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Include at least the first page of the demand letter or information indicating which overpayment.

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**Date of Overpayment Letter**

**Provider/Supplier Name**

**Provider/Supplier Number PTAN**

**Provider/Supplier NPI**

**Amount of Overpayment**

**Document Control Number**

This is the demand case (inquiry) number and/or accounts receivable.

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**Demand Letter offset** - Offset a particular overpayment

(Include one form per overpayment letter or attach a listing of all overpayments.)

**Provider/Supplier level offset** - Offset the current overpayment and all future overpayments

(Include all PTAN/NPI combinations or include one form per PTAN/NPI combination. The selection of this option means offset will continue even if you choose to appeal the debt.)

**Stop provider/supplier level offset previously requested**

(Include all PTAN/NPI combinations or include one form per PTAN/NPI combination.

This change will affect new debts created on and after the date this request is processed.

Debts currently in an offset status will remain so until the debt has been satisfied.)

**Signature of Requestor**

**Date of Request**

**Requestor Contact Information**