



ACTION REQUIRED by Sept. 13: CARES Act Provider Relief Fund

Attention:
PROVIDER
TIN (Last 3 digits): XXX

Dear Valued Provider:

Our records indicate that you previously received a payment from the Phase 1 General Distribution of the Provider Relief Fund. Providers who automatically received certain distribution funds were required to provide the U.S. Department of Health and Human Services (HHS) with an accounting of their annual revenues by submitting tax forms or financial statements. **You have not submitted this information and are therefore in violation of the Terms and Conditions for payment.**

Action required

Please submit your revenue and tax information through the Provider Relief Fund Application and Attestation Portal by Sunday, Sept. 13, 2020 at 11:59 p.m. ET in order to come into compliance with the Terms and Conditions for the payment you received.

By submitting this required information, you may also be eligible to receive additional funding if you have not already received General Distribution payments totaling approximately 2% of your annual revenue from patient care. If you do not wish to retain the funds, please review the FAQs on how to return funds.

Submitting required revenue documents

The application instructions and sample application form are available at hhs.gov/providerrelief. The website also includes a step-by-step application guide and FAQs. Download and review all of these documents to help you complete the process through the Provider Relief Fund Application and Attestation Portal.

Additional Information

For additional information, please call the Provider Support Line at (866) 569-3522; for TTY, dial 711. Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday. Service staff members are available to provide real-time technical assistance, as well as service and payment support.

Thank you for all you are doing to support and protect the American people during this difficult time.

