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**VT Medicaid EHR Incentive Program Return Payment Form**

**Please use this form if you are returning a VT Medicaid EHR Incentive payment.**

1. **Please return this form with your payment.**
2. **Send an email to:** ahs.dvhaehrip@vermont.gov**, notifying them that you are returning payment and include your name and NPI number.**

**Name: Click here to enter text.**

**Business Address/City/State/ZIP: Click here to enter text.**

**Business Phone: Click here to enter text.**

**Alternate Phone: Click here to enter text.**

**Email: Click here to enter text.**

**Individual NPI: Click here to enter text.**

**Payee NPI: Click here to enter text.**

**Original Attestation Date: Click here to enter text.**

**Program Year that you are Returning Payment for: Click here to enter text.**

**Choose one:** [ ]  **EP |** [ ]  **Eligible Hospital**

**Choose one:**

[ ]  **I have received an audit letter and understand that I will lose the program year that I am returning payment for in the EHR incentive program.**

[ ]  **I have not received an audit letter and understand that I may have the option to submit a revised attestation for that program year in the EHR incentive program, if the grace period for submitting applications has not closed.**

**Reason for Returning Payment:** Click here to enter text.

**Signature: Date:**

If you were paid by EFT or cashed your original check, you should: Return your payment, please issue a check payable to **DXC Technology**.

Mail the check and this form to:

**DXC Technology**

**Attention: Financial Department**

**PO Box 1645**

**Williston, VT 05495-1645**

If you have the original check issued by the payment contractor, you should: Mail the original check and this form to:

**DXC Technology**

**Attention: Financial Department**

**PO Box 1645**

**Williston, VT 05495-1645**