**VT Medicaid Promoting Interoperability Program (PIP)/EHR Incentive Program Return Payment Form**

**Please use this form if you are returning a VT Medicaid PIP/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.**

**CCN if a hospital:** Click here to enter text.

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

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

[ ]  **I have received an Audit Results Notification letter and understand that as a consequence of being ineligible for the incentive payment I must return the funds and will lose the program year that I am returning payment for in the PIP/EHR incentive program.**

**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**