**Sample letter for the request for accelerated/advance Medicare Payments**

This should go on your office letter head.

Date:

Accelerated/Advance Payment

NPI number (insert number)

Due to the Covid 10 pandemic and Connecticut Governor’s order, we have seen a catastrophic decrease in our patient flow. We have had to reduce staff by (insert number) people yet still need to maintain some staff for limited office hours to accommodate for emergency patients.

(your practice name) needs an Advance Payment to meet the salary of employees, rent, utilities and contacted services obligations.

Total Medicare charges for January, February and March 2020 (insert dollar amount)

Signed,

(your name)

(cell number)

(email)