



## Reconsideration Form

**Instructions:** Use this form to request Provider Relief Fund Phase 3 payment reconsideration.

### Prior to submitting this form:

- ✓ Review the Phase 3 Methodology, [click here](#) before submitting a reconsideration request to clarify how your Phase 3 payment was calculated. HRSA will only consider reconsideration requests from providers who believe their Phase 3 payment calculation was incorrect. HRSA will not consider reconsideration requests that require a change to methodology.
- ✓ **Ensure the information below matches the original Phase 3 application submission;** HRSA will not be able to process your reconsideration request without this information.
- ✓ Complete all required fields in this form. **HRSA must have all of this information** in order to quickly and accurately retrieve your application materials for review.

**Submission Deadline:** You must submit a completed PRF Reconsideration Request Form by 11:59:59 pm EST on [TBD] 2021.

***If the steps above are not followed, or if the application is submitted after the submission deadline, HRSA will not be able to conduct a review of the reconsideration request.***

### Application Information

Contact Person Name: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Application Envelope ID : \_\_\_\_\_

Tax ID Number on Application: \_\_\_\_\_

Tax ID Number on Tax Return attached to application (if different) \_\_\_\_\_

Additional Tax ID Numbers included in application: \_\_\_\_\_

Name as shown on application: \_\_\_\_\_

Business Name (if different): \_\_\_\_\_

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Information (if different than above)**

Current Contact Person  
Name: \_\_\_\_\_

Current Contact Person  
Title: \_\_\_\_\_

Current Contact Person  
Phone Number: \_\_\_\_\_


Current Contact Person  
Email: \_\_\_\_\_

**Reasons for requesting reconsideration**

Please provide a clear and concise justification for the reconsideration request, indicating why you think your payment determination was incorrect. You should reference the Phase 3 methodology information posted on the PRF website to support your request.

Reasons for requesting reconsideration:

**I agree that the submission of a PRF Reconsideration Request to HRSA does not guarantee an approval of, or adjustment to, payment. Any correction to payment determinations is subject to the availability of funds.**



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