

Step 1 Eligibility

The Department of Health & Human Services (HHS) has announced \$30 billion in immediate relief funding to providers in support of the national response to COVID-19, as part of the distribution of the \$100 billion provider relief fund provided for in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. This site is open to all providers, regardless of network affiliation or payer contract. HHS is contracting with UnitedHealth Group to facilitate delivery of the funds.

Eligibility

As a reminder, you must sign an attestation confirming receipt of the funds and agree to the terms and conditions within 30 days of payment. Should you choose to reject the funds, you must also complete the attestation to indicate this. This Payment Portal will guide you through the attestation process to accept or reject the funds.

Are you a billing entity that received Medicare fee-for-service (FFS) payments from the Centers for Medicare and Medicaid Services (CMS) in 2019?

☐

Yes

☐

No

Privacy Act Statement

The following statement serves to inform you of the purpose for collecting personal information required by the covid19.linkhealth.com website and how it will be used.

AUTHORITY: 31 U.S.C. 3512, 3711, 3716, 3721, 1321; note E.O. 13520

PURPOSE: To collect information to determine eligibility for CARES Act funds and process payment to you.

ROUTINE USES: The information collected is used by HHS to determine eligibility for payments from the Public Health and Social Services Fund, maintain an accounting of payments, and process payments from the Fund. Examples of other permissible uses include, but are not limited to, a contractor (and/or to its subcontractor) who has been engaged to perform services on an automated data processing (ADP) system used in processing financial transactions, to

appropriate law enforcement agencies when relevant to an investigation, to the Treasury Department, and to auditing organizations conducting financial or compliance audits. A complete list of routine uses may be found at <https://www.federalregister.gov/documents/2015/11/03/2015-27980/privacy-act-of-1974-system-of-records-notice>

DISCLOSURE: Voluntary. If you choose not to provide your information, absence of the requested information may result in administration delays or the inability to process payments to you under the CARES Act.

Step 2 Billing TIN(s)

Billing Tax ID Number(s)

Please enter the Taxpayer Identification Number (TIN) (either Employer Identification Number or Social Security Number) connected to the billing entity you entered in the previous step. You may enter up to 20 TINs as long as they are attached to the same billing entity. TINs must have all 9 digits entered to be accepted.

596000800

Step 3 Verify Payment Information

A piece of paper with a dollar sign

Verify Payment Information

Relief fund payments are made to your billing entity account via Optum Bank with "HHSPAYMENT" as the payment description. Please confirm the account number and payment(s) you received for each TIN. If you have not yet received payment, please call the toll-free CARES Provider Relief line at (866) 569-3522.

Automated Clearing House(ACH) Deposit

Billing TIN(s)	Last Six Digits of Deposit Account Number	Relief Fund Payment	Remove TIN
***000800	<input type="text" value="386605"/>	<input type="text" value="1,605,741.68"/>	Created with Sketch.

Continue

Step 4 Attestations

Attestation and Payment Confirmation

Created with Sketch.

Payment Terms Attestation

Please attest to and accept the [Terms & Conditions](#) below for each TIN you have entered. The current TIN is shown in the box to the right. Once you complete the first TIN you will be asked to attest to each TIN in the list.



I acknowledge receipt of **\$1,605,741.68** from the Public Health and Social Services Emergency Fund ("Relief Fund"), and accept the [Terms & Conditions](#). If you received a payment from funds appropriated in the Relief Fund under Division B of Public Law 116-127 and retain that payment for at least 30 days without contacting HHS regarding remittance of those funds, you are deemed to have accepted the following [Terms & Conditions](#). This is not an exhaustive list and you must comply with any other relevant statutes and regulations, as applicable. Your commitment to full compliance with all Terms and Conditions is material to the Secretary's decision to disburse these funds to you. Non-compliance with any Term or Condition is grounds for the Secretary to recoup some or all of the payment made from the Relief Fund. These Terms and Conditions apply directly to the recipient of payment from the Relief Fund. In general, the requirements that apply to the recipient, also apply to sub-recipients and contractors under grants, unless an exception is specified.



By receiving and accepting Relief Fund payment, you attest that in accordance with the "Coronavirus Aid, Relief, and Economic Security Act" or the "CARES Act", you are eligible for this payment. You acknowledge that you may be asked to submit to the review process established by the U.S Department of Health and Human Services, including its contractor (collectively, "HHS"), to determine your eligibility for this payment. Additionally, upon request by HHS, you will provide any and all information related to the disposition or use of the funds received under the Relief Fund for auditing and/or reporting purposes. I attest that I have the legal authority to act on behalf of the provider group that has received payment under the Relief

Fund. For Electronic Funds Transfer / ACH Payments, HHS or its contractor may make adjustments to the payment whenever a correction or change is required. For example, if there is an error, you agree that HHS may correct the error immediately and without notice. Such errors may include, but are not limited to, reversing an improper credit, and correcting calculation and input errors. The right to make adjustments are not subject to any limitations or time constraints, except as required by law.

By providing your email and phone number, you agree that HHS or its contractor may send you communications or call you regarding Relief Fund payment. You understand that you need to give us the most up to date contact information.

Current Request

Billing TIN

*****000800**

Last Six Digits of Account Number

386605

Relief Fund Payment

\$1,605,741.68

Contact Information

Please complete the information below. All fields are required unless otherwise indicated.

First Name*

Middle Name (optional)

Last Name*

Email Address*

Phone Number*

Error

Please enter a Phone Number.

Rendering/Service Address

Address 1*

Address 2 (optional)

City*

State*

Select...

Zip Code*

Billing Address

Address 1*

Address 2 (optional)

City*

State*

Select...

Zip Code*

Payment Terms Attestation

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Contact Information

Please complete the information below. All fields are required unless otherwise indicated.

First Name*

Middle Name (optional)

Last Name*

Email Address*

Phone Number*

Error

Please enter a Phone Number.

Rendering/Service Address

Address 1*

Address 2 (optional)

City*

State*

Select...

Zip Code*

Billing Address

Address 1*

Address 2 (optional)

City*

State*

Select...

Zip Code*

☐

I have read and agree to the [Optum Pay Enrollment Agreement Terms and Conditions](#).

I Accept Payment

I Reject Payment

A catalog

Attestations

Please review the information below and complete the attestation process for each eligible Billing TIN.

Automated Clearing House(ACH) Deposit

Billing TIN:

*****000800**

Last Six Digits of Account Number

386605

Relief Fund Payment

\$1,605,741.68

Review and Accept