

## **Repayment Portal**

Instructions: Use this form to make Uninsured Program (UIP), Coverage Assistance Fund (CAF), American Rescue Plan (ARP) Rural, and Provider Relief Funds (PRF) returns to HRSA.

Taxpayer Identification N	lumber (TIN):	
Provider or Entity Name:		
Business Name (if different)	):	
Email: _		

## REPAYMENT TRANSACTIONS SUMMARY

Please ensure the information below is accurate. Errors will delay the processing of your repayment.

Once you complete this from and click submit, you will be redirected to pay gov to repay the total funds identified in this table. *Additional instructions can be found here:* 

	(a) Payment Type					
	(b) Repayment Reason					
1	(c) TIN	(d) Original Payment Amount	Repayment Information (e) Repayment Amount	Repayment Information (f) Extrapolated Amount (if applicable)	Repayment Information (g) Fines/ Penalties/ Interest (if applicable)	Subtotal
		\$	\$	\$	\$	\$

	(a) Payment Type					
	(b) Repayment Reason					
2	(c) TIN	(d) Original Payment Amount	Repayment Information (e) Repayment Amount	Repayment Information (f) Extrapolated Amount (if applicable)	Repayment Information (g) Fines/ Penalties/ Interest (if applicable)	Subtotal
		\$	\$	\$	\$	\$

	(a) Payment Type					
	(b) Repayment Reason					
3	(c) TIN	(d) Original Payment Amount	Repayment Information (e) Repayment Amount	Repayment Information (f) Extrapolated Amount (if applicable)	Repayment Information (g) Fines/ Penalties/ Interest (if applicable)	Subtotal
		\$	\$	\$	\$	\$

Total repayment amount:

\$

## **NOTICE**

By clicking 'Submit', you understand that non-compliance with any Term or Condition or any applicable statutes and regulations will result in administrative, civil, and/or criminal action being taken.

You certify that, you are a bona fide legal representative of the entities represented herein.

You certify that all of the information you are submitting to a Federal Government System, under penalty and perjury of law, is true, correct, and accurate.