



Provider Relief Fund

How to Return Unused PRF Funds

Purpose

This document provides instructions on how to return unused Provider Relief Funds (PRF) that need to be returned to HHS/HRSA.

These instructions are applicable when returning a portion of PRF funds due to overpayments, judgements, accrued interest on PRF funds, unused or unspent PRF funds, and other partial fund returns to the HHS/HRSA PRF program.

Example: If your original payment was \$10,000, and you need to return \$2,000 of the \$10,000, these instructions show you how to return the unused \$2,000 back to HHS/HRSA.

If you need to return the full amount of an original payment, please see the [R23 return instructions here](#).

If you have additional questions please call the Provider Support Line at (866) 569-3522 (for TTY, dial 711).

Funding Transfer Limits

You may return funds using the following methods, depending upon the return amount:

- Returning \$0.01 - \$24,999.99, you may use:
 - Direct debit (ACH) using your bank account and routing number; or
 - Debit card or credit card.
- Returning \$25,000.00 - \$99,999,999.99, please only use:
 - Direct debit (ACH) using your bank account and routing number.
- Returning \$100,000,000 or more:
 - Please call the Provider Support Line for Wire instructions.

Recommended Browsers

Please use one of the following browsers: Google Chrome, Mozilla Firefox, or Microsoft Edge.

Instructions – Returning Unused Funds

1. Click the link to access the Partial Return Form; [click here](#). You will be directed to the screen below:

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Before you continue, you will need the following information to return part of a Provider Relief Fund payment, such as unspent funds:

- The TIN(s) that received the payment from the Provider Relief Fund.
- The original payment amount and the settlement date.
- Any interest the payment accrued.
- The partial amount you are returning for each payment received, such as unspent funds.

This is a two-part process. Part 1 is to complete this form, next you will be redirected to Part 2 to transfer the funds via Pay.gov.

Please enter your name and email to begin the signing process.

Provider

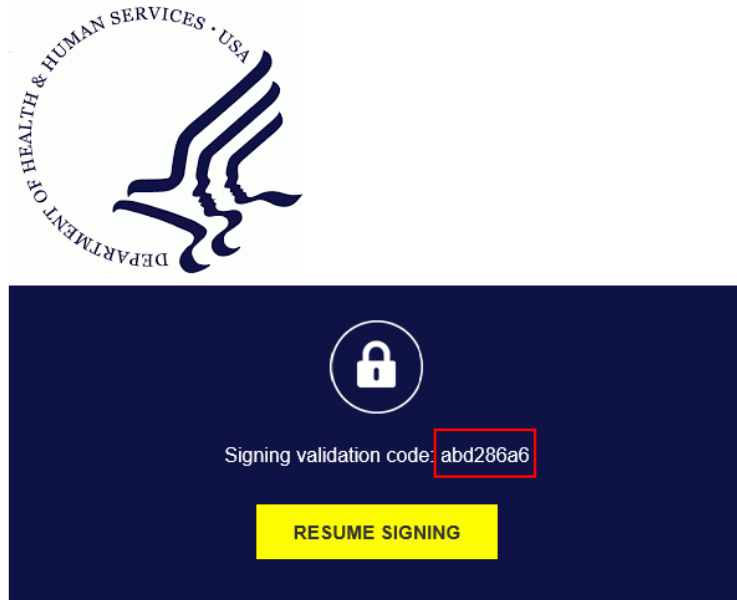
Your Name: *

Your Email: *

BEGIN SIGNING

2. Enter your full name and email address.
3. Click the yellow “BEGIN SIGNING” button.
4. You will receive a validation code by email to enable access to the Partial Return Form. The validation code is required to log in as part of a two-step authentication process.

- Below is an example of the email you will receive within 15 minutes:



Copy and enter the validation code above into the access page to finish the HRSA Provider Relief Fund Partial Return Form.

At any point before completing your submission, you may return to the partial return form by clicking on the Resume Signing button in this email.

Powered by **DocuSign**


- If you did not receive the validation code, please add 'dse_NA3@docusign.net' to the safe sender list, and start over at Step 1.

- After clicking on the yellow "BEGIN SIGNING" button, you will be directed to the following page:

The image shows a screenshot of a web page for document access. At the top, it says "Please enter the access code to view the document". Below this is a profile icon and the text "HRSA PRF Returns" and "Health and Human Services". A paragraph of text explains that an email with a validation code was sent and instructs the user to enter it. Below the text is a form with an "Access Code" label, a text input field, a yellow "VALIDATE" button, and a blue "Show Text" link. To the right of the input field is a grey button that says "I NEVER RECEIVED AN ACCESS CODE".

- Check the email that you entered in Step 2 for the validation code. Enter the validation code you receive into the "Access Code" field exactly as it is written in the email.

Please enter the access code to view the document

 **HRSA PRF Returns**
Health and Human Services


An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.


Access Code
 VALIDATE **I NEVER RECEIVED AN ACCESS CODE**

[Hide Text](#)

7. Once you have entered in the validation code, click the yellow “VALIDATE” button.
8. You will be directed to Partial Return Form;

Please Review & Act on These Documents

 **HRSA PRF Returns**
Health and Human Services

 Powered by DocuSign

Please review the documents below. **CONTINUE** OTHER ACTIONS ▾

Instructions: Use this form to return only **partial amounts of an original payment**, such as unused funds, overpayments, or other reasons. For example if original payment was \$100 and you need to return \$20 of the \$100, then use this form.

If you need to return the full amount of an original payment, please see the [R23 return instructions here](#).

You may use this form to return several partial payments.

Tax ID Number:

Name as shown on your income tax return:

Business Name (if different):

Street 1:

Street 2:

City: State: Zip:

Contact Person Name:

Contact Person Title:

Contact Person Phone Number:

Contact Person Email:

- Click the yellow button “CONTINUE” to begin filling out the Partial Return Form.
- *Note:* The fields with red boxes around them are fields that are required in order to submit this Partial Return Form.

9. Complete the form by filling in the form field:

Tax ID Number (TIN): _____

Provider or Entity Name : _____

Business Name (if different): _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Contact Person Name: _____

Contact Person Title: _____

Contact Person Phone Number: _____

Contact Person Email: _____

- Tax ID Number (TIN) (*Required field*)

- i. The 9-digit TIN that received the original Provider Relief Fund payment(s).
 - ii. *Note: Do not include a hyphen.*
- Provider or Entity Name (as shown on IRS Form W-9 for this TIN) *(Required field)*
 - iii. *Note: This field is a case sensitive field.* Please ensure that the letter-case of your organization’s name matches your most recent Internal Revenue Service (IRS) Form W-9 for this TIN. For example, the organization name of “Health and Human Services” is not the same as “HEALTH AND HUMAN SERVICES.”
 - iv. Business Name (if different) *(Optional field)*
- Address Information for this TIN
 - i. Street 1 *(Required field)*
 - ii. Street 2 *(Optional field)*
 - iii. City *(Required field)*
 - iv. State *(Required field: please enter your state’s 2-letter abbreviation code)*
 - v. Zip *(Required field: please enter your 5-digit zip code with no extension)*
- Contact Person Name *(Required field)*
- Contact Person Title *(Required field)*
- Contact Person Phone Number *(Required field)*
 - i. *Note:* The contact phone number must be entered as a 10 digit number with no special characters.
- Contact Person Email *(Required field)*
 - i. *Note:* The email address must be a valid, monitored email address.

Partial Return Transactions

Use the table to enter your itemized partial return(s). You must enter in at least one partial return transaction in the table, but may enter up to 15 partial return transactions. If you need to submit more than 15 partial returns, you will need to submit another Partial Return Form to HHS/HRSA.

The information entered into this table is used by HHS-HRSA to reconcile the funds. Please ensure the information is accurate and correct. Once you complete this form and click submit, you will be redirected to pay.gov to return the total funds identified in this table.

PARTIAL PAYMENT RETURN TRANSACTIONS

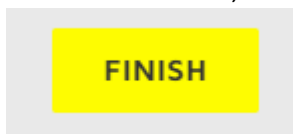
Instructions: Use the table below to enter partial return(s) information. You must enter in at least 1 partial return in the table below, but up to a total of 15 partial returns. If you need to submit more than 15 partial returns, you will need to submit another Partial Return Form to HHS.

TIN	Settlement Date	Original Amount	Payment Return Amount	Interest Return Amount	Subtotal	Reason
		\$	\$	\$	\$	
		\$	\$	\$	\$	

- Tax ID Number (TIN)
 - i. Enter the 9-digit TIN which received the PRF payment with no hyphens.
- Settlement Date
 - i. Enter the date the PRF payment was deposited into your bank account in the format MM/DD/YYYY or select the date from the calendar.

- Original Amount
 - i. Enter the exact dollar amount of the PRF payment received; this is the dollar amount with cents. It must be a non-negative number with up to 2 decimal places.
- Payment Return Amount
 - i. Enter the partial amount of funds you are returning. This is the dollar amount with cents. It must be a non-negative number with up to 2 decimal places.
- Interest Return Amount
 - i. If applicable, enter the dollar amount of interest earned on the PRF payment that you are returning; this dollar amount must be a non-negative number with up to 2 decimal places.
 - ii. *Note:* For PRF payments that were held in an interest-bearing account, the provider must return the accrued interest associated with the amount being returned to HHS. However, if the funds were not held in an interest-bearing account, there is no obligation for the provider to return any additional amount other than the PRF payment being returned to HHS-HRSA. HHS-HRSA reserves the right to audit PRF recipients in the future to ensure that payments that were held in an interest-bearing account were subsequently returned with accrued interest.
- Reason
 - i. Select the reason you are returning your PRF payment from the drop down list. Your options are the following:
 1. Unspent Funds: any unused, or unspent funds; see the reporting requirements for additional details.
 2. Overpayment: received more funds than anticipated, returning the excess funds.
 3. Change of Ownership: original owner received funds, but sold the entity and is returning unused funds because PRF Funds cannot be transferred to the new owner.
 4. Judgement: This includes any court orders, settlements, rulings, etc.

10. Once all required and optional fields are completed, click the yellow “Finish” button at the bottom of the form, or on the top right-hand corner.



11. After you click on the “FINISH” button, a modal dialog will pop up.

Save a Copy of Your Document



Your document has been signed

If you would like a copy for your records, select Download or Print and save.

DOWNLOAD

PRINT

CLOSE

- If you would like to download or print your Partial Return Form submission, follow the instructions on the modal dialog box. Otherwise, click “CLOSE.”
 - i. *IMPORTANT NOTE:* please write down the field “Total amount you’re returning” as that will be used in second part to transfer the funds via Pay.gov.

12. After you click the “CLOSE” button, you will see your completed Partial Return Form.

13. Click the yellow “CONTINUE” button on the bottom of the page and you will be redirected to Pay.gov to return the indicated amount on this form back to HHS-HRSA.

Part 2: Transferring the Funds to HHS-HRSA with Pay.gov

1. At this time, you should be redirected to Pay.gov, the page will look like the following:

An official website of the United States government [Here's how you know](#) ▾

Pay.gov | Sign In | Create an Account

Explore More Options Find an Agency Online Help Search

Alert Message:
[Coronavirus \(COVID-19\) Updates](#)
[SBA and 1201 Borrower Payment Information](#)

HHS HQ

1 **Before You Begin** 2 Complete Agency Form 3 Enter Payment Info 4 Review & Submit 5 Confirmation

About this form
PSC HQ Payment

Accepted Payment Methods:

- Bank account (ACH)
- Debit or credit card

[Cancel](#)

This is a secure service provided by United States Department of the Treasury. The information you will enter will remain private. [Please review our privacy policy](#) for more information.

We're here to help! +

2. Click the blue “Continue to the Form” button to proceed to the next step.
3. You will proceed to the next step of returning your PRF payment to HHS-HRSA. You will need to enter the following information:
 - a. Individual/Business Indicator
 - b. Business Name
 - i. Legal business name that received PRF payment(s) entered in Part 1.
 - c. First Name
 - i. Enter the first name of the bank account or debit/credit cardholder.
 - d. Last Name
 - i. Enter the last name of the bank account or debit/credit cardholder.
 - e. Invoice or Ticket Number
 - i. Enter the organization’s TIN that you entered in Part 1.
 - f. Contract/Agreement Number
 - i. Enter your DocuSign Envelope ID in this field.
 - ii. You can locate your Envelope ID in your email by searching for the subject “Completed: HHS-HRSA Provider Relief Fund - Partial Return”, for additional help, [click here](#).

- g. First Name (Point of Contact)
- h. Last Name (Point of Contact)
- i. Telephone (Point of Contact)
- j. Extension (Point of Contact)
 - i. If available, please enter your phone extension in this field.
- k. Payment Amount (Point of Contact)
 - i. Enter the "Total amount you're returning" dollar amount from Part 1.

An example is shown below:

Department of Health and Human Services
Program Support Center Head Quarters

Individual/Business Indicator Individual Business

Business Name

First Name Last Name

Invoice or Ticket Number

Contract/Agreement Number

Point of Contact

First Name Last Name Telephone Extension

Payment Amount

- 4. Once Part 2, Step 3 is completed, click the gray "Continue" button.

5. You will be directed to the following page:

An official website of the United States government [Here's how you know](#) ▾

[← Cancel](#)

HHS HQ

Progress indicator: 1. Before You Begin (✓) 2. Complete Agency Form (✓) 3. Enter Payment Info (3) 4. Review & Submit 5. Confirmation

Payment Information

Payment Amount \$100,000.00

* I want to pay with my

Bank account (ACH)

Debit or credit card

[Previous](#) [Return to Form](#) [Cancel](#) [Next](#)

We're here to help! [+](#)

6. Select one of the following options that you would like to utilize to return your PRF payment:

- a. Bank account (ACH)
 - i. Please use direct debit (Bank account (ACH)) using your bank account and routing number, up to \$99 million.
 - ii. If you are returning more than \$99 million by Pay.gov, please call the Provider Support Line at (866) 569-3522 (for TTY, dial 711) for wire instructions. Part 2 (Pay.gov) has a limit of \$99 million.
- b. Debit or credit card
 - i. If you are returning more than **\$24,999.99** by debit or credit card through Pay.gov, please use direct debit (Bank account (ACH)) using your bank account and routing number.

7. Select the blue "Next" button.

- a. If you selected Step 6a – Bank account (ACH), you will enter in the following information shown in the screenshot below:



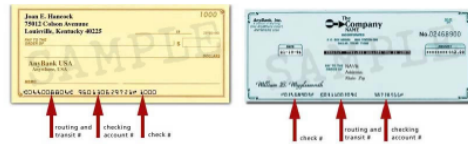
Please provide the payment information below. Required fields are marked with an *

* Payment Amount

* Payment Date (mm/dd/yyyy)

* Account Holder Name

* Select Account Type



* Routing Number

* Account Number

* Confirm Account Number

- b. If you selected 6b – Debit or credit card, you will enter the following information shown in this screenshot below:

Please provide the payment information below. Required fields are marked with an *

* Payment Amount

\$24,999.00

* Cardholder Name

* Cardholder Billing Address

Billing Address 2

City

* Country

United States

* State/Province

Select State/Province

* ZIP/Postal Code

* Card Number



* Expiration Date

Select ...

Select ...

Security Code

[What's this?](#)

8. Once you have completed Step 7a or Step 7b, click the blue “Review and Submit Payment” button located on the bottom right hand corner of the page.

Review and Submit Payment

9. Once you complete Step 8, review your Payment and Account information on your screen for completeness and accuracy.
 - a. If the information you entered is not correct, use the “Previous” button to go back to the previous step of the form and make the correction.
 - b. If the information you entered is all correct, proceed to the next step.
10. Enter and confirm your Email Address and add any personnel you would like to also receive the confirmation.
 - a. Within the “CC” field, you may enter multiple email addresses. Separate each email addresses with a comma.
11. Next, review the Authorization and Disclosure Statement and click the checkbox that states, “I agree to the Pay.gov authorization and disclosure statement”.
12. Click the blue “Submit Payment” button to complete the Partial Return transaction.
13. You and anyone you requested be copied (step 10) will receive an email confirmation for your PRF Partial Return transaction.