



INVESTIGATION REVENUE AND  
ENFORCEMENT ADMINISTRATION  
BUREAU OF FRAUD INVESTIGATION

# INSTALLMENT NOTE

## MEDICAID ASSISTANCE

250 Church Street, 3<sup>rd</sup> Fl  
New York, N.Y. 10013

151 W Broadway 7<sup>th</sup> Fl  
New York, N.Y. 10013

Date: \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ the undersigned herein, hereby acknowledges and admits his/her indebtedness to the Department of Social Services of the City of New York (hereinafter "the Department") in the amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) for Medicaid Assistance incorrectly received, which by law, must be repaid, during the period from \_\_\_\_\_ to \_\_\_\_\_, and does hereby promise to repay such amount to the order of the "Department" in full satisfaction of said indebtedness in installments as follows:

Commencing on the \_\_\_\_\_ day of \_\_\_\_\_, the payment of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) and thereafter continuing to be paid on the \_\_\_\_\_ day of each and every succeeding month, the like sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), until the entire sum is repaid, except that the final installment may be in a lesser sum which shall constitute the balance due hereunder.

Payment shall be made in the form of a certified check, bank check, cashier's check or money order payable to the Human Resources Administration, and directed to the Investigation, Revenue and Enforcement Administration's Claims and Collections Medicaid Unit, GPO Box 983, New York, NY 10013, or at such other place as the Department may designate in writing to the undersigned, at the address which follows:

The Department agrees not to take further action herein so long as the undersigned makes timely payments. In the event of any default of failure to pay any installment when due which continues for a period of more than fifteen (15) days after written notice thereof, by ordinary mail, to the undersigned at the address designated herein, or to such other address as the undersigned shall have previously provided in writing to the Department, the entire balance then remaining unpaid shall immediately become due and payable without further notice to the undersigned.

The Department may exercise this right regardless of any prior forbearance on its part in connection with any prior default or failure to pay by the undersigned.

Acceptance by the Department of any payment after only one date shall not be construed as a waiver of the obligation of the undersigned to timely pay any other installment when due.

The undersigned further acknowledges that (s)he fully understands the terms and conditions set forth herein, and with such knowledge, is executing this Installment Note freely and voluntarily.

This Installment Note may not be changed, altered, amended or modified except in writing and signed by the Department and the undersigned.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_