## Payment Clauses

(a) Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Federal Assistance Financing Branch (FAFB), Office of the Deputy Assistant Secretary, Finance which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to:

Director, Division of Payment Management
Post Office Box 6021
Rockville, Maryland 20852-0605
Telephone No. (301) 443-1660

### Agency Letter of Credit

Payments under this award will be made available through a letter of credit administered by

Inquiries regarding payments should be directed to:

Telephone #:

### Treasury Check

Payments under this award will be made available by Treasury Check issued through the Finance Office. Inquiries regarding payments should be directed to:

Telephone #:

#### HHS-640T

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## Central Registry System Entity Identification Number (CRS/EIN)

- 

## Document Number

- 1705MO5000

## Fiscal Year, CAN and Amount of This Award/Action

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>CAN</th>
<th>Amount of Award/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2017</td>
<td>75996800</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Continuing Resolution Level for the Period 1/1/2017 through 3/31/2017**

**Total Amount of This Award**

- **$2,873,825**

## Carry-Over Balance/Unobligated Balance From Prior Budget Periods

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## Special Expenditure Reporting Requirement

(For Awards paid by DFAFS only)

- **YES**
- **NO**

If the yes block is checked, the recipient of this award must report his allowable expenditures to DFAFS Document Number.

## Remarks

The Medicare funds awarded in this notice can only be drawn from sub-account 17S&CTITLE18MEDICARE