

Provider statistical and reimbursement reports fax transmittal

Use of e-mail is preferred and provides quicker return

To: E-mail: J9PSRRequest@fcso.com for Florida provider
 Fax: Tony Matos Fax: 904-361-0431 | PARD Fax 904-791-8441

Please list **all** provider numbers and subunits numbers on one fax if possible; there is no need to have individual forms for each provider:

Summary report order

Paid dates: From: _____ To: _____

Services dates to display on the report:

Column (1) From: _____ To: _____

Column (2) From: _____ To: _____

Column (3) From: _____ To: _____

Column (4) From: _____ To: _____

Include summary electronic extract files for cost report vendor system? Yes: _____ No: _____

Detail report order

Detail PSR must be requested by and mailed to providers

Paid dates: From: _____ To: _____

Services dates: From: _____ To: _____

Inpatient: _____ Outpatient: _____ Both: _____ Specific report type: _____

Output Format: Hard copy: _____ Text image on CD _____

Send to: *No PO Box addresses or consulting firms address*

Provider name: _____

Street address: _____

City/State/ZIP: _____

Provider contact name: _____ Phone no. _____ Fax. no. _____

E-mail: _____ (Summaries can be sent via e-mail, please provide)

Third party contact name: _____ Phone no. _____ Fax. no. _____

Comments: _____

Note: There may be a charge associated with any summary or detail request; the provider will be contacted depending of the amount of data requested.

Detail reports must be requested by and mailed to the facility. No exceptions can be made.

