



WHEN EXPERIENCE COUNTS AND QUALITY MATTERS

## Provider statistical and reimbursement (PSR) reports fax transmittal

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Please complete this form and either email or fax it to First Coast Service Options. Use of email is preferred and provides quicker return.

**Email:** [JNPSRRequest@fcsso.com](mailto:JNPSRRequest@fcsso.com)    **Fax Number:** 904-791-8441

**Note:** There may be a charge associated with any summary or details 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.

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

### Provider Numbers and Subunits

**Provider 1:**

**Provider 2:**

**Provider 3:**

**Provider 4:**

**Provider 5:**

**Provider 6:**

**Provider 7:**

**Provider 8:**

**Provider 9:**

If completing form on line, use the drop down calendar for easier data entry.

**Paid dates:**

From:

To:

Service dates to display on the report:

**Column (1):**

From:

To:

**Column (2):**

From:

To:

**Column (3):**

From:

To:

**Column (4):**

From:

To:

## Detail report order

Detail PSR must be requested by and mailed to providers.

**Paid dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Service dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Select patient and report type:**      Inpatient      Outpatient      Both      Specific report type:

### Send report to

(No PO Box addresses or consulting firms address)

**Provider name:**

**Street address:**

**City/State/Zip:**

**Provider contact name:**

**Phone:**

**Fax:**

**Email address:**

**Third party contact name:**

**Phone:**

**Fax:**

**Comments (up to  
255 characters):**