

**FREEDOM OF INFORMATION ACT REQUEST FORM FOR  
PART A AUDIT & REIMBURSEMENT RECORDS**

**Contact information:**

**Name (First & Last required):** \_\_\_\_\_

**Organization's Name:** \_\_\_\_\_

**Is this a non-profit organization or State-funded agency?** Yes  No

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

- Below, please include as much of the Medicare Part A provider information as possible in the request. For example, provider name, provider mailing address, provider Legacy or NPI number, Fiscal Year (FY) end, etc.
- Please note Noridian Administrative Services utilizes HFS software to process cost reports.

**REQUESTED RECORDS – COST REPORTS:**

<b>Facility Information:</b>	<b>Year(s):</b>	<b>As Filed</b>	<b>Finalized</b>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Cost report information requests:** Please check the appropriate items below.

PDF format:

MCR format:

### REQUESTED RECORDS – OTHER:

**Describe Records:**

### ADDITIONAL DETAILS OR INSTRUCTIONS:

### Fees:

Fees may be assessed for processing your request and an invoice for those fees may be issued with our final response to you as set forth in HHS Regulations 45 CFR Part 5.

- If you have a dollar limit on how much you are at liberty to pay, please list that fee limit: \_\_\_\_\_.
- NOTE: If the cost to 1) search for the records you requested, 2) copy the records you requested and/or 3) review the records you requested is estimated to exceed your limit, NAS staff will contact you to discuss before mailing the records or an invoice to you.
- If you set no limit, and if the cost to search, copy and/or review the records you requested exceed \$250, NAS staff will contact you to request that the amount of the estimated fees be provided to NAS before we proceed with further processing of your request.