



JN Provider Master Information

First Coast Service Options is continually looking for ways to improve communications with providers. To ensure proper correspondence and documentation are directed to the appropriate person, please complete the following information for your facility (free-standing or parent only). If you have more than one facility, please complete one form for each. Or if the contacts are the same for all facilities, then complete one form and provide a list of the Medicare Numbers (PTAN/CCN).

The Audit, Reimbursement and Settlement departments have established an email database to communicate the following information:

Cost Report Reminder Letters	Notice of Intent to Reopen Letters
Audit Adjustment Reports	Letters of Comments and Recommendations
Tentative Cost Report Settlement Letters	Interim Rate Reviews
Cost to Charge Rate Update	Federal Rate Component Updates
Other Miscellaneous Correspondence	Notice of Program Reimbursement

Note: If the contact information changes, it will be the responsibility of the provider to inform First Coast.

Date of Request:

Provider Name:

Medicare Number (PTAN/CCN):

CONTACT 1 (Default/Primary)

Name:

Title:

Address:

Phone Number:

Fax Number:

Email:

CONTACT 2

Name:

Title:

Address:

Phone Number:

Fax:

Email:

Please return all completed forms to the email address listed below:

JNPARDSupport@FCSO.com