

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 facility and sub units. If you have more than one facility and/or sub unit, please complete one form for each.

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

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

Note: This form can only be used to update the non-official contacts used only by Provider Audit and Reimbursement for informal cost report related items. If you need to change any of the key employees, officers, Administrator, CFO, Director, etc., or if you need to update the address, do not use this form, as CMS requires this information be communicated to the MAC via an 855A form with our Provider Enrollment department. Details can be found here:

https://medicare.fcso.com/PE_Applications_and_forms/137477.asp

Also 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): _____

<u>CONTACT 1</u>	<u>CONTACT 2</u>
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____ _____ _____	Address: _____ _____ _____
Phone Number: _____	Phone Number: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

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

JNPARDSupport@FCSO.com