



REQUEST FOR PROVIDER STATISTICAL & REIMBURSEMENT (PS&R) DATA

(Please Print)

In order for Highmark Medicare Services to process any request for PS&R data, this form must be completed and mailed to Highmark Medicare Services. Highmark Medicare Services charges \$500.00 per provider number, per fiscal year to process requests. **There may be an additional \$1,000 charge if it becomes necessary to un-archive data (services and/or payments prior to 01/01/2003).** The current fiscal year period is free of charge. Payment must accompany your request. Checks should be made payable to Highmark Medicare Services.

If you are not sure of the cost of this request and would like an estimate, please complete the next line. Please provide your name and fax number and the charge to process your request will be faxed to you.

FOR ESTIMATES ONLY: FAX Number: CONTACT NAME:

MAIL TO:	Highmark Medicare Services PO Box 890386 Camp Hill, PA 17089-0386 Attention: LuAnn Miller	FAX NBR FOR ESTIMATES ONLY: 410-427-8725
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Date of Request:	Provider Number(s): LIST ALL
Contact Name:	
Contact Title:	
Contact Phone Number:	
Provider Name:	
Mailing Address:	

DETAIL (PAYMENT RECONCILIATION) REPORT: (\$500 charge per fiscal year when applicable)

Please complete the following so that we can provide the requested information in a format that accommodates you.

Information Specific to Data Accumulation

Service Start Date:	To End Date:
Paid Start Date:	To End Date:

Report Types: Inpatient Outpatient All Other

For Other Please Specify:

Information Specific to Copy Medium and Format

Medium: (choose only one) 3480 Cartridge Paper CD Diskette

Format: (choose only one) *Detail Data File (variable length) Report

* The Data File is only available on a 3480 cartridge.

Please note: The Summary or Detail Reports can only be sent to the provider requesting the data. Fiscal Intermediaries are not permitted to send the information to their parties.