



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 provides an annual summary PS&R once a year at no charge. This PS&R is for the current year for completion of the Medicare Cost Report. Highmark Medicare Services charges \$250 per provider number to process requests for additional summary PS&Rs. **There may be an additional charge if it becomes necessary to un-archive data (services and/or payments prior to 1/1/2001).** 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:
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MAIL TO: Highmark Medicare Services PO Box 890386 Camp Hill, PA 17089-0386 Attention: LuAnn Miller (410) 427-8695	FAX #: 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:		

Summary PS&R Report

Please complete the following so that we can provide the requested information

Information Specific to Data Accumulation

Fiscal Year End:		Special Splits:	
Paid Start Date:		To End Date:	
Report Types: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> All <input type="checkbox"/> Other		For Other Please Specify:	

Information Specific to Copy Medium

Medium: Paper Scan/Email (choose only one)

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 third parties.