



### CSRA Provider Reports Request Form

Please submit this request, along with payment, to the following address:

CSRA  
Attention: Provider Reports (Finance Operations)  
PO Box 300009  
Raleigh, NC 27622-8009

**Pricing:**

Remittance Advice (RA) Dates	Checkwrite Date Needed*	Unit Price	Total # of RAs Needed	Total Due (Total RAs x Price)
Jul 1, 2013 to Present		\$60.00		
September 11, 2000 – Jun 30, 2013		\$90.00		
<b>Grand Total</b>				

\* Dates Needed If More Than One:

**Payment Method:**

The only accepted form of payment is Certified Check –  
(no personal checks will be accepted)

**Make certified check payable to CSRA**

**Report Delivery:**

All reports will be delivered via email, and **only** to an email address tied to the NPI Number in NCTracks. Indicate that email address below.

**Please complete the following information:**

NPI number: \_\_\_\_\_

Provider name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I certify by submitting this form that the NPI indicated is under my direct control and access, and that I authorize CSRA as fiscal agent for the State of North Carolina, to provide me with the requested report(s).