



CSRA Provider Reports Request Form – FQHC and RHC Audit Summary Reports

This form is used to request FQHC and RHC Audit Summary Reports. Please submit the completed form, along with payment as outlined below, to the following address:

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

Pricing:

Please indicate FQHC or RHC Service Dates and Payment Dates in the spaces below

FQHC Service Dates	Payment Dates	Unit Price	Total Due
		\$75.00	\$75.00

RHC Service Dates	Payment Dates	Unit Price	Total Due
		\$75.00	\$75.00

Only one FQHC or RHC report per NPI can be requested per form. If multiple reports are needed, please submit separate forms.

Service Dates must be limited to a twelve (12) month time period. Payment dates can be for a longer period of time. NCTracks will only be able to create the FQHC or RHC report for claims within the last 5 years from current date.

Payment Methods:

Accepted forms of payment are:

1. Certified Check – only form of payment at this time (no personal checks will be accepted)

Make certified checks payable to CSRA. (A single certified check may be submitted with multiple forms.)

Report Delivery:

All reports are in PDF format on Password Protected CD and will be delivered via FedEx to the provider correspondence address. Signature will be required for the package. Once received, the person listed below will need to call the NCTracks Call Center at 1-800-688-6696 and request someone from Finance call them back with their password to access the report on the CD.

Please complete the following information:

NPI number: _____

Provider name: _____

Contact name: _____

Email Address: _____

Telephone: _____

By submitting this form, I certify that the provider number indicated on this form is under my direct control and access, and that I authorize CSRA, as fiscal agent for the NC Department of Health and Human Services, to provide me with the requested report.