

(PART A)

COST REPORT EXTENSION REQUEST

Facility Name:	
Medicare Provider Number: (PTAN)	
Fiscal Year End Requiring Extension:	
Length of Extension being Requested:	
Is Request on Letterhead:	
Is Provider's Email Address included:	
Detailed Reason for Extension Request:	
Signature:	
Date:	

In accordance with 42 CFR 413.24(f)(2)(ii) no extensions will be granted except when provider's operations are significantly adversely affected due to extraordinary circumstances over which provider has no control. Example: Flood or fire that forces a provider to cease operations and to transfer its patients temporarily to other providers outside of impacted area. Intermediary is still required to obtain CMS approval

Please complete this form and email to: **CostReportExtension@Noridian.com**

For questions, please call the Provider Contact Center for JE Providers 855-609-9960.

Sincerely,

Provider Audit and Reimbursement
Noridian Healthcare Solutions, LLC

Disclaimer Note: All cost report extension requests must be signed by an Authorized Official or Administrator listed on the Enrollment record or currently listed in STAR. Usually a 30 or 60 day extension is granted as request exceeding 60 days are typically not granted. All forms submitted are subject to review for approval and any missing items could result in a delay on the extension request.