

JF COST REPORT EXTENSION REQUEST

Required Information	
Facility Name	
Medicare Provider Number (PTAN)	
Fiscal Year End Requiring Extension	
Length of Extension being Requested	
Is Request on Letterhead?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Provider's Email Address included?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 JF Providers: 877-908-8431.

Disclaimer: 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 requests 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.