

## COST REPORT EXTENSION FORM

Facility Name:

Medicare Provider Number (PTAN):

Fiscal Year End (FYE) Requiring Extension:

Length of Extension 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\(f\)\(2\)\(ii\)](#), extensions may only be granted only when a provider's operations are significantly adversely affected due to extraordinary circumstances over which the 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. The intermediary is still required to obtain CMS approval.

Please complete this form and email to: [CostReportExtension@noridian.com](mailto:CostReportExtension@noridian.com)

Questions? Please call the Provider Contact Center (PCC):

JE Providers: 855-609-9960

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. 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.*

---