

Non-Medicare providers and providers seeking multiple hardcopy MPFS (no CD ROM with MPFS is available) will need to purchase the material by using this form.

To ensure the hardcopy MPFS is sent to the correct address, please fill out the information below. The MPFS is also available at **www.med.noridianmedicare.com**.

Company Name: _____ Address: _____
Contact Name: _____ City: _____
Phone Number: _____ Ext: _____ State: _____ Zip: _____

Cost: \$15 each Qty: _____

Hardcopy Fee Schedule: I am purchasing a hardcopy MPFS, which includes pricing information for the **individual** state/locality selected below.

Please identify the reason your office needs a hardcopy MPFS: (Required)

- No office computer
- No internet
- Other (Please describe below)

Mail this completed form and accompany check to:

**Attn: Finance
Medicare Part B Fee Schedules
PO Box 6750
Fargo, ND 58108-6750**