



## CSC Provider Reports Request Form

Please submit this request, along with payment, to the following address:

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

### Pricing:

| Remittance Advice (RA) Dates      | Checkwrite Date Needed* | Unit Price | Total # of RAs Needed | Total Due (Total RAs x Price) |
|-----------------------------------|-------------------------|------------|-----------------------|-------------------------------|
| Jul 1, 2013 to Present            |                         | \$60.00    |                       |                               |
| September 11, 2000 – Jun 30, 2013 |                         | \$90.00    |                       |                               |
| <b>Grand Total</b>                |                         |            |                       |                               |

\* Dates Needed If More Than One:

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### Payment Method:

The only accepted form of payment is Certified Check –  
(no personal checks will be accepted)

**Make certified check payable to CSC**

### Report Delivery:

All reports will be delivered via email, and **only** to an email address tied to the NPI Number in NCTracks. Indicate that email address below.

### Please complete the following information:

NPI number: \_\_\_\_\_

Provider name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I certify by submitting this form that the NPI indicated is under my direct control and access, and that I authorize CSC as fiscal agent for the State of North Carolina, to provide me with the requested report(s).