

Alabama Medicaid Agency
Skilled Nursing Facility Cost Report and Rate Letter Request

Please request this information directly from the nursing facility. If you are unable to obtain this information from the nursing facility, you may request this information by submitting this form to ProviderAudit@medicaid.alabama.gov.

Date: _____

Requestor

Full Name: _____ Title: _____

Company Name: _____

Address: _____

City, State, & Zip: _____

Email: _____

Telephone #: _____

Required Signature: _____

Request

Request Type	Date or Period
Cost Report (\$30 each)	
Rate Letter (\$5 each)	

Nursing Facility Name: _____

Address: _____

Nursing Facility Medicaid # or NPI #: _____

(Delivery)
Alabama Medicaid Agency
Attn: Provider Audit
501 Dexter Avenue
Montgomery, AL 36104
Fax: (334) 242-0547

(USPS)
Alabama Medicaid Agency
Attn: Provider Audit
Post Office Box 5624
Montgomery, AL 36103
Fax: (334) 242-0547