



**North Carolina Department of Health and Human Services**  
**Division of Health Service Regulation**  
**Nursing Home Licensure and Certification Section**  
2711 Mail Service Center, Raleigh, North Carolina 27699-2711

<http://www.ncdhhs.gov/dhsr/>

Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary  
Jeff Horton, Acting Director

Beverly Speroff, Section Chief  
Phone (919) 855-4520  
Fax (919) 733-8274

**IMPORTANT NOTICE - PLEASE READ CAREFULLY**

**TO:** Prospective Medicare Provider

**RE:** Fiscal Intermediary

Centers for Medicare and Medicaid Services must be advised of your designation for:

- A fiscal intermediary (FI),
- Fiscal year ending (month and day), and
- Official name and address of the facility.

Please print or type this information in the appropriate spaces provided on the back of this page. This form must be completed, signed, and returned at the earliest date possible.

CMS Regional Offices must assign new providers to the designated local FI. Providers may no longer request a change of FI and must continue with the FI to which they have been assigned. For providers that undergo a Change of Ownership, if the new owner accepts the existing provider agreement, it will continue with the same FI as the previous owner. If the new owner does not accept the provider agreement, they will be considered a new enrollee and assigned to the local designated FI. New providers that belong to CMS-recognized chains have the option of being assigned to the local designed FI or to the FI that serves the chain home office.

You should keep in mind that a provider must adhere to the cost reporting period initially selected unless a change has been authorized in writing by the intermediary. In order that a request for change be effective, it must be received in writing by the intermediary 120 days or more before the close of the existing authorized reporting period. Such a change may be made only after the intermediary has established that it is consistent with the purposes and intent of the program.

Should you have any questions concerning this request, please call us at (919) 855-4555.

Sincerely,

Beverly Speroff, Chief  
Nursing Home Licensure and Certification Section



**COMPLETE AND RETURN TO:**

Nursing Home Licensure and Certification Section  
Division of Health Service Regulation  
2711 Mail Service Center  
Raleigh, North Carolina 27699-2711

(Print or Type)

INTERMEDIARY DESIGNATION: \_\_\_\_\_

MEDICARE FISCAL YEAR ENDING DATE: (MONTH/DAY) \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

(Number, Street, RFD, etc.)

\_\_\_\_\_  
(Town)

\_\_\_\_\_  
(State) (Zip Code)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT OR TYPE NAME OF OFFICIAL SIGNING:

\_\_\_\_\_ TITLE: \_\_\_\_\_