



# Medicare Intermediary Information

Re: Name and Address of Facility

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Dear Administrator:

In order to assist the Medicare Intermediary in establishing the necessary records to facilitate payments should your facility become certified, please indicated the name of the appropriate intermediary below, together with your fiscal year and date, and return the form with your application. The Intermediary will contact you for any information they may require

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Intermediary

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Your Fiscal Year End

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Facility Representative

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Area Code and Phone Number

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Date

**Note to Intermediary: This is informal advance notice, not an official notice of tie-in.**