

MEDICARE AND MEDICAID FREE COST REPORT QUOTE

Interested in a no-obligation, FREE quote on the cost of preparing your Medicare or Medicaid cost report? Simply print, complete and fax or email the following questionnaire back to us for a quote. Most quotes are given the same day and we strive to respond to each request within 24 hours.

Provider Name: _____

Provider Number: _____

Provider Type: (select as many as Applicable)	Medicare	Medicaid
Hospital	_____	_____
Skilled Nursing Facility	_____	_____
Home Health Agency	_____	_____
ESRD	_____	_____
Rural Health Clinic	_____	_____
FQHC Clinic	_____	_____
Organ Procurement Organization	_____	_____
Community Mental Health Clinic	_____	_____
CORF	_____	_____
Hospice	_____	_____
Home Office	_____	_____

Provider Address: _____

City: _____

State: _____ **ZIP CODE** _____

Telephone number: _____

Fax Number: _____

Email Address: _____

Contact Person's Name: _____

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Certified Public Accountant

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