



Medicare Administrative Contractor Choice Form

Name of Facility: _____

Address: _____

City, State, Zip Code: _____

In the State of Florida, there is only one choice for your Medicare Administrative Contractor (MAC) – **First Coast Services Options, Inc., P.O. Box 45169, Jacksonville, FL 33232.** The Social Security Administration will be advised of your MAC (also known as fiscal intermediary) and the fiscal year ending date you choose to use for Medicare purposes.

It should be noted that a provider **must** adhere to the cost reporting period initially selected unless a change has been authorized, in writing, by its MAC. For a change to be approved, the provider's written request must be received by the MAC 120 days prior to the close of the reporting period for which the change proposes to establish. Such a change may be made only after the MAC has established the reason is consistent with the purposes and intent of the program.

Please sign this form and return it to the Agency for Health Care Administration along with the other forms being prepared.

Medicare Fiscal Year Ending Date
(Show month and day)

(Signature)

(Printed Name)

(Title) (Date)