

COLORADO MEDICAL ASSISTANCE PROGRAM

Provider Services
P.O. Box 1100
Denver, CO 80201-1100

1-800-237-0757

Duplicate Copy of Provider Claim Report Request (PCR)

If you are requesting a duplicate copy of a PCR, please contact the Department’s fiscal agent, Xerox State Healthcare at 1-800-237-0757, to request the number of pages per report. Please complete all the required (*) fields below. Submit this form with a check payable to Xerox State Healthcare, LLC to cover the cost of the duplicate PCR. Allow 30 days for processing after receipt of the request, and additional time for return mail.

The two options available to obtain duplicate PCRs are 1) by email or 2) by FedEx delivery. The charges for these services are:

- 1) \$2.00 per page for an encrypted email with the duplicate PCR attached.
- 2) \$2.61 per page for delivery by FedEx to business addresses or \$2.86 per page for delivery by FedEx to residential addresses.

Please note: The business name for the submitted email address must match the business name and the email address on file with the fiscal agent. If there is no email address on file, please provide a mailing address and submit a check using the FedEx charges above.

Return the completed form and check to:

The Colorado Medical Assistance Program
Provider Services Call Center
P.O. Box 30
Denver, CO 80201-0090

* Provider ID: _____

* Provider Name: _____

* Address: _____

Remittance/EOB
Number: _____

* Warrant Number: _____

* Payment Date: _____

* Amount: _____

Call Reference
Number: _____

* Number of pages: _____

* Contact name &
Phone Number: _____
Name Phone number

* Email address: _____

*Mail to address: _____
Address
City State Zip