

Request for Diskette of Physician Fee Schedule and Anesthesia Base Units Schedule

Please complete the information below with each request:

Requestor: _____

Address: _____

E-mail Address: _____

Phone: _____

Type of File on 3 1/2" PC Diskette (circle one):

TEXT FILE

Excel Spreadsheet

Type of Schedule on Diskette (check one):

Physician Fee Schedule

Anesthesia Base Units

Please submit this request to:

or fax this request to: (919) 715-0896

Division of Medical Assistance
Financial Operations
2509 Mail Service Center
Raleigh, North Carolina 27699-2509