

## Fee Schedule Request Form

There is no charge for fee schedules requested from the Division of Medical Assistance (DMA). DMA **Providers are expected to bill their usual and customary rate.** Please note that fee schedules change regularly and you will be provided the most current version upon the receipt of your request.

All requests for fee schedules **must be made** on the Fee Schedule Request form and mailed to:

Division of Medical Assistance  
Financial Management/Rate Setting - Fee Schedules  
2501 Mail Service Center  
Raleigh, N. C. 27699-2501

Or **fax** your request to DMA's Financial Management/Rate Setting section at **919-715-2209**. Please note that many of the fee schedules can be directly accessed and obtained at our website <http://www.ncdhhs.gov/dma/fee/>. If you can not obtain your schedule then submit this form

<b>NOTE: PHONE REQUESTS ARE NOT ACCEPTED</b>
--

- Adult Care Homes Personal Care Services (ACH-PCS)
- Ambulance
- Community Alternatives Program (CAP-MR/DD, CAP-DA, CAP-C)
- Dental
- Durable Medical Equipment, Orthotics and Prosthetics
- Home Health
- Home Infusion Therapy
- Hospice
- Licensed Clinical Social Worker
- Licensed Psychologist
- Occupational Therapist
- Physical Therapist
- Physician Fees (includes X-Ray, Laboratory, Nurse Midwife, and Optical)
- Respiratory Therapy
- Speech Therapy

Name (Provider/Facility): \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address: \_\_\_\_\_ Provider #: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Format of fee schedule requested (circle one of each): **E-Mail** or **Disk copy** / **Excel** or **Adobe version**