**Request for Exemption:**

**FY2020 Ambulance and Chair Car Services Cost Report**

To request an exemption from filing the FY2020 Ambulance and Chair Car Services Cost Report, please complete this form and email it as an attachment to [data@chiamass.gov](mailto:data@chiamass.gov).

|  |  |
| --- | --- |
| **1. Agency Name:** | Click here to enter text. |
| **2. MassHealth ID:** | Click here to enter text. *Nine-digit number plus one letter suffix* |
| **3. Agency’s FY2020**  **Reporting Fiscal Year:** | 7/1/2019 – 6/30/2020  10/1/2019 – 9/30/2020  1/1/2020 – 12/31/2020  Other: Click here to enter text. |
| **4. Reason for exemption request:**  Provider is a municipal provider.  **Explanation:** Click here to enter text.  Provider received less than $100,000 in MassHealth revenue in its FY2020.  **Amount of MassHealth revenue received in FY2020:** Click here to enter text. | |
| **5. Contact Person:** | Click here to enter text. |
| **6. Contact Email:** | Click here to enter text. |
| **7. Contact Phone Number:** | Click here to enter text. |

For more information, please consult the Ambulance and Chair Car Cost Services Report Instructions, available at <https://www.chiamass.gov/information-for-data-submitters-ambulance-and-chair-car-service-cost-reports/>

Still have questions? Feel free to email the Pricing Cost Reports Helpdesk at [CostReports.Pricing@chiamass.gov](mailto:CostReports.Pricing@chiamass.gov).