

COMPLETE AND RETURN TO: Nursing Home Licensure and Certification Section
Division of Health Service Regulation
2711 Mail Service Center
Raleigh, North Carolina 27699-2711

(Print or Type)

MEDICARE ADMINISTRATIVE CONTRACTOR DESIGNATION:

MEDICARE FISCAL YEAR ENDING DATE: (MONTH/DAY) _____

NAME OF FACILITY: _____

LOCATION: _____

Street Address

(City)

(State)

(Zip Code)

SIGNATURE: _____ DATE: _____

PRINT OR TYPE NAME OF OFFICIAL SIGNING:

_____ TITLE: _____