

RURAL PROVIDERS BATCH COVER SHEET

Unique Provider Identifier: _____

Total Records Subjected to Hospital URC Review: _____

Number of Records in Batch Forwarded to NDHCRI: _____

Date Batch Forwarded to NDHCRI: ____/____/____

List of Unique Record Identifiers:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\$ _____ check included for review process

Provider Contact Name: _____

Telephone: 701-_____-_____

===== Completed by NDHCRI =====

Date Batch received at NDHCRI: ____/____/____

NDHCRI Postage Costs for this Batch: _____

