**Request for Exemption:**

**FY2023 Ambulance and Wheelchair Van Services Cost Report**

To request an exemption from filing the FY2023 Ambulance and Wheelchair Van Cost Report, please complete this form and email it as an attachment to [data@chiamass.gov](mailto:data@chiamass.gov).

**Please note: All non-municipal ambulance and wheelchair van providers are required to submit the FY2023 Ambulance and Wheelchair Van Cost Report. Providers that earned more than $100,000 from MassHealth for services provided in FY2023 are required to fill out the full cost report. Providers that earned less than $100,000 from MassHealth for services provided in FY2023 are only required to fill out a partial report.**

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| --- | --- |
| **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 FY2022**  **Reporting Fiscal Year:** | 7/1/2022 – 6/30/2023  10/1/2022 – 9/30/2023  1/1/2023 – 12/31/2023  Other: Click here to enter text. |
| **4. Reason for exemption request:**  Provider is a municipal provider.  **Explanation:**  Provider received less than $100,000 in MassHealth revenue in its FY2023.  **Amount of MassHealth revenue received in FY2023:** 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 Wheelchair Van Cost Report Instructions, available at <https://www.chiamass.gov/information-for-data-submitters-ambulance-and-wheelchair-van-cost-reports/>

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