

# Centers for Medicare & Medicaid Services (CMS) Data Request Form

## Requester Information

Requester Name:

Requesting Organization:

Requester Address:

City:

State:

Zip Code:

Requester Telephone Number:

Requester Fax Number:

Requester Email Address:

### CUSTODIAN (if applicable)

Custodian Name:

Custodian Organization:

Custodian Address:

Custodian City:

Custodian State:

Custodian Zip Code:

Custodian Telephone Number:

Custodian Fax Number:

Custodian Email Address:

PROJECT/STUDY NAME:

**Data Use Agreement Number (if applicable):**

## Method of Payment

Purchase Order (Government Agencies Only)

Agency Locator Code:

Check/Money Order

Check/Money Order Number:

Interagency Agreement Number (if applicable):

Other

## Finder File Specifications (Complete this section only if you are submitting a finder file.)

Finder file data set name(s):

Finder file contains records of:

Social Security Numbers

Health Insurance Claim Account Numbers (HIC)

Number of Records:

Record length:

Media:  CD

3 1/2" diskette

3480 IBM Standard Label Cartridge (compressed)

3480 IBM Standard Label Cartridge (non-compressed)

3490E IBM Standard Label Cartridge (compressed)

3490E IBM Standard Label Cartridge (non-compressed)

Blocksize for finder files on 3480 or 3490E cartridges:

**Please note that 3480 IBM Standard Label Cartridges will not be accepted after 12/01/04.**



## Miscellaneous Files

Files for Purchase

Medicare Physician Identification and Eligibility Record File \_\_\_\_ Year:

(MPIER Files are cumulative and are available for approximately an 18-month window beginning with the most current month.)

State Medicaid Research Files

Continuous Medicare History Sample

Medicare Current Beneficiary Survey (MCBS)

\_\_\_\_ MCBS Access to Care Module (Years available: 1991 - 2001) Year(s) Requested:

\_\_\_\_ MCBS Cost and Use Modules (Years available: 1992 – 2000) Year(s) Requested:

Other:

## Shipping Information

Delivery Service:

Delivery Service Account Number:

Special Instructions:

Address for Shipping Data:

\_\_\_\_ Same as Requester Name and Address      \_\_\_\_ Same as Custodian Name and Address

Contact Person:

Organization:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

Email Address:

## Output Media Preferences

\_\_\_\_ Small files: CD

\_\_\_\_ Standard media: 3490E IBM Standard Label cartridges      \_\_\_\_ Compressed format      \_\_\_\_ Non-compressed format

\_\_\_\_ Special request: 3480 IBM Standard Label cartridges      \_\_\_\_ Compressed format      \_\_\_\_ Non-compressed format

**Please note that 3480 IBM Standard Label cartridges will not be available after 12/01/04.**