

EXPRESSION OF INTERMEDIARY PREFERENCE

RE: (Name and Address of Facility)

Fiscal Year Ending Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Intermediary Choice

In Wisconsin, the fiscal intermediary is United Government Services in Milwaukee unless your facility is affiliated with a CMS-designated chain, in which case it may have a designated single fiscal intermediary. If your facility is affiliated with a CMS-designated chain, you need to contact your home office for the name and address.

In order to assure that the Center for Medicare and Medicaid Services has your intermediary preference on record, please identify the intermediary you have selected for your facility.

\_\_\_\_\_  
(Signature)