

# Request for Comparative Billing Report



**Instructions:** Use this form to order home health and hospice reports from Cahaba GBA. Please complete the Provider Number column for each graph or report being requested. Orders received without payment will not be processed. Return this form and your check payable to "Cahaba GBA, LLC" to:

**Medicare Medical Review  
Cahaba GBA, LLC  
400 East Court, Suite 400-D  
Des Moines, IA 50309**

This order form is also available on our Web site at: [www.cahabagba.com](http://www.cahabagba.com)

**Please send me the reports requested below:**

Report	Provider Number	Quantity	Price	Total
<b>Home Health Agency:</b>				
Utilization Report, 01/01/06 – 12/31/06			\$20.00	
Utilization Report, 01/01/07 – 12/31/07			\$20.00	
Utilization Report, 01/01/08 – 12/31/08			\$20.00	
Utilization Report, 01/01/09 – 12/31/09			\$20.00	
<b>Hospice Facility:</b>				
Utilization Report, 01/01/06 – 12/31/06			\$20.00	
Utilization Report, 01/01/07 – 12/31/07			\$20.00	
Utilization Report, 01/01/08 – 12/31/08			\$20.00	
Utilization Report, 01/01/09 – 12/31/09			\$20.00	
Number of Days/Hours Graph, 01/01/06 – 12/31/06			\$20.00	
Number of Days/Hours Graph, 01/01/07 – 12/31/07			\$20.00	
Number of Days/Hours Graph, 01/01/08 – 12/31/08			\$20.00	
Number of Days/Hours Graph, 01/01/09 – 12/31/09			\$20.00	
Total				

**Send Requested Reports To:**

Telephone Number:  Provider Number (required):

Provider Name:

Contact Name:

Mailing Address:

City:

State:  ZIP Code: