

**Division of Health Care Finance and Policy  
Public Records Request Form**

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_ Phone \_\_\_\_\_  
Fax # \_\_\_\_\_ TIN \_\_\_\_\_  
(Tax Identification No for billing purposes)

**Please check the type of record(s) you are requesting:**

\_\_\_\_\_ Audited Financial Statement (Hospitals)  
\_\_\_\_\_ Charge Book (Hospital)

**Cost Report:**

\_\_\_\_\_ Adult Day Health  
\_\_\_\_\_ Community Health Center  
\_\_\_\_\_ Hospital  
\_\_\_\_\_ Nursing Facility (HCF-1)  
\_\_\_\_\_ Nursing Facility Realty Company (HCF-2)  
\_\_\_\_\_ Nursing Facility Management Company (HCF-3)  
\_\_\_\_\_ Nursing Service Report  
\_\_\_\_\_ Resident Care Facility (HCF-4)

**Database:**

\_\_\_\_\_ Hospital Cost Report Data  
\_\_\_\_\_ Nursing Facility Cost Report Data

\_\_\_\_\_ Regulations/Public Hearings

Other (Please Specify) \_\_\_\_\_

**To request multiple records, please list records in alphabetical order and specify year (attach additional sheet if necessary):**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

**Email, fax or mail completed form to:**

Division of Health Care Finance and Policy  
Public Records  
Two Boylston Street, Boston, MA 02116-4704

Email: [public.records@state.ma.us](mailto:public.records@state.ma.us)  
Fax : (617) 727-7662  
Phone: (617) 988-3105