

Option 1 – New Submission

Providers who have not submitted a survey can complete an Excel File Template detailing capital expenses from each facility going back to the date the facility was first constructed.

- First, download the PDF copy of the form explaining the data to be entered from the main webpage.
- Next, download the copy of the Excel File Template to submit data for one or more facilities from the main webpage.
- Submit your Excel File as follows:
 - File name – please use this format: CompanyName_Date(MM-DD-YY)_FRVSSurveyNew. Example: SandersHealthcare_01-31-17_FRVSSurveyNew
 - Subject Line: please type the filename on the Subject Line

Email to: NH.Reimbursement@AHCA.MyFlorida.com