# Tab Run/Cost Audit Request

This form should be used to request Tab Run/Cost Audit reports from Conduent. (NOTE: You may need to Enable Macros/ActiveX for this form to work correctly. If you have this functionality disabled, a Security Warning bar will appear above.)

Please fill in the following information and submit your request via email to ABQOPS@Conduent.com. Once your request has been processed, the Tab Run/Cost Audit reports will be available in **.pdf files** on the New Mexico Web Portal.

If you have any questions, please send an email to the address identified above.

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| **Required Information for Request** |
| **Requestor** |
| Please enter your Medicaid ID: Enter ID. |
| **Type of Reports Requested** |
|  |
|  |
| **Service Date Range** |
| From Date: Click  to enter a date. |  To Date: Click  to enter a date. |
| **Paid Date Range** |
| From Date: Click  to enter a date. |  To Date: Click  to enter a date. |
| **Requested ID(s)** |
| Please list the Medicaid ID(s) of the provider(s) for whom you want Tab Run/Cost Audit Reports: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Complete and submit to ABQOPS@Conduent.com