# 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](mailto: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](mailto:ABQOPS@Conduent.com)