

REQUEST FOR RECORD: DISPOSITION AUTHORITY
(See Instructions on reverse)

TO **GENERAL SERVICES ADMINISTRATION,
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408**


1 FROM (AGENCY OR ESTABLISHMENT)
Department of Health and Human Services

2 MAJOR SUBDIVISION
Health Care Financing Administration

3 MINOR SUBDIVISION
Office of Management and Budget

4 NAME OF PERSON WITH WHOM TO CONFER
E. J. Frack

5. TEL EXT
934-0040

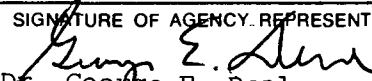
LEAVE BLANK	
JOB NO	<u>NCI-440-24-2</u>
DATE RECEIVED	<u>4-25-84</u>
NOTIFICATION TO AGENCY	
In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10	
<u>5-2-84</u> Date	 Archivist of the United States

6 CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 1 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

A Request for immediate disposal.

B Request for disposal after a specified period of time or request for permanent retention.

C. DATE <u>6/13/83</u>	D. SIGNATURE OF AGENCY REPRESENTATIVE  <u>Dr. George E. Deal</u>	E. TITLE <u>Department Records Management Officer</u>
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7. ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO	10. ACTION TAKEN
<u>1.</u>	<p>BHI.g:40-2</p> <p>II. <u>Program Files</u></p> <p>C. <u>Medicare Benefit Check Records</u></p> <p>1. Medicare Benefit Check Records Register</p> <p>Register listing checks issued to providers of service, beneficiaries, physicians, and other suppliers of service under the Hospital Insurance and Supplementary Medical Insurance Programs.</p> <p>Cut off at the close of the calendar year in which issued, hold 1 additional year and then transfer to the FRC. Destroy 5 years thereafter.</p> <p align="center">MASS DATA CHANGE SHEET NOT REQUIRED</p>		<u>1 item</u>

Copies to agency + NNF, RWC 5/7/84