



CMS/OSORA FOIA Beneficiary Portal



**Screenshots for PRA
Submission**

Submit a Freedom of Information Act (FOIA) Request



Welcome

Welcome!



This page is specifically for requesting Medicare beneficiary claims records under FOIA. If you need to request other agency records from CMS under FOIA, [click here to be directed to the FOIA.gov portal](#).

If you use this secure CMS portal to electronically submit your request for Medicare beneficiary claims records, please do not submit the same request via alternative methods, such as use of our CMS FOIA email address, U.S. Postal Service, or electronic fax. Submitting your request(s) multiple times can delay the processing of your request.

If you have already submitted a request and would like to check its progress, please [click here to access the CMS FOIA Status Check website](#).

If you have received a FOIA invoice, you can now pay it online through a secure website operated by the Department of the Treasury. Please have your invoice (CMS Form 633) readily available and [click here to access Pay.Gov and pay online](#).

In order to process your request as timely as possible, please select one of the following.

I am requesting claims records related to:



Medicare



Medicaid

Next

Figure 1: Welcome page with “Medicare” selected

Submit a Freedom of Information Act (FOIA) Request



Welcome

Welcome to the FOIA request portal for Medicare beneficiary claims records!

In order to process your request as timely as possible, please select one of the following.

I am requesting claims records related to:



Medicaid Records

Please note that the Centers for Medicare and Medicaid Services does not hold any records related to Medicaid claims.

Those records are available through the Medicaid office for the state where the Medicaid beneficiary resides. You can access each state's website by [clicking here](#).

☐ Medicare

☒ Medicaid

Next

Figure 2: Welcome page with "Medicaid" selected

Submit a Freedom of Information Act (FOIA) Request

1

2

WelcomeWhose Records

Great! Let's get some more information about your records request.

I am requesting Medicare beneficiary claims records for:

☒ Myself

☐ Someone Else

Please choose the appropriate timeframe:



MyMedicare.gov Blue Button
Please note that you can access your Medicare claims information from within the past four years online by using Medicare's secure Blue Button website.
[Please click here to access Blue Button.](#)

☒ Records from within the past 4 years

☐ Records from more than 4 years ago

Back

Next

Figure 3: Whose Records page with "Myself" selected

Submit a Freedom of Information Act (FOIA) Request



Welcome

Whose Records

Great! Let's get some more information about your records request.

I am requesting Medicare beneficiary claims records for:

- ☐ Myself
- ☒ Someone Else

Back

Next

Figure 4: Whose Records page with "Someone Else" selected

Submit a Freedom of Information Act (FOIA) Request

1

2

3

WelcomeWhose RecordsMedicare Status

Great! Let's make sure you're still in the right place to get the records you are requesting on behalf of someone else.

The individual is enrolled in Medicare or was previously enrolled in Medicare:



Medicare Enrollment

Uh-oh! If the individual is not enrolled in Medicare, this is not the correct online request submission form for you. Let's get you back to the [Centers for Medicare and Medicaid Services' main FOIA website](#).

This online request form is strictly for obtaining claims records for a person currently enrolled in Medicare.

☐ Yes

☒ No

BackNext

Figure 5: Medicare Status page with “No” selected

Submit a Freedom of Information Act (FOIA) Request



Welcome

Whose Records

Medicare Status

Great! Let's make sure you're still in the right place to get the records you are requesting on behalf of someone else.

The individual is enrolled in Medicare or was previously enrolled in Medicare:

☒ Yes

☐ No

Back

Next

Figure 6: Medicare Status page with "Yes" selected

Submit a Freedom of Information Act (FOIA) Request

1

2

3

4

WelcomeWhose RecordsMedicare StatusRecords Type

Great! Let's make sure we can provide you the records you are requesting.

Please select from the following:



Medicare Advantage Claims Records
Please note that the Centers for Medicare and Medicaid Services does not hold or have access to Medicare Advantage Plans claim records. Please contact your plan directly for that information.
[Click here for additional information on Medicare Advantage Plan claims.](#)

☐

I am requesting Medicare beneficiary claims records.

☒

I am requesting Medicare Advantage claims records.

☐

I am requesting Prescription Drug claims records.

☐

I am requesting Social Security Administration documents.

☐

I am requesting Medicare Secondary Payer lien information.

☐

I am requesting Other Medicare records (Provider Information, Cost Reports, Survey/Certification, Facility Records, etc.).

BackNext

Figure 7: Records Type page with "Medicare Advantage claims records" selected

Submit a Freedom of Information Act (FOIA) Request

1

2

3

4

WelcomeWhose RecordsMedicare StatusRecords Type

Great! Let's make sure we can provide you the records you are requesting.

Please select from the following:



Prescription Drug Claims Records

Please note that the Centers for Medicare and Medicaid Services does not hold or have access to Prescription Drug claim records. Please contact your plan directly for that information.

[Click here for additional information on prescription drug claims.](#)

☐

I am requesting Medicare beneficiary claims records.

☐

I am requesting Medicare Advantage claims records.

☒

I am requesting Prescription Drug claims records.

☐

I am requesting Social Security Administration documents.

☐

I am requesting Medicare Secondary Payer lien information.

☐

I am requesting Other Medicare records (Provider Information, Cost Reports, Survey/Certification, Facility Records, etc.).

BackNext

Figure 8: Records Type page with "Prescription Drug claims records" selected

Submit a Freedom of Information Act (FOIA) Request

1

2

3

4

WelcomeWhose RecordsMedicare StatusRecords Type

Great! Let's make sure we can provide you the records you are requesting.

Please select from the following:



Social Security Administration Documents

Please note that the Centers for Medicare and Medicaid Services does not hold or have access to documents related to the Social Security Administration.

[Click here for additional information on the Social Security Administration.](#)

☐

I am requesting Medicare beneficiary claims records.

☐

I am requesting Medicare Advantage claims records.

☐

I am requesting Prescription Drug claims records.

☒

I am requesting Social Security Administration documents.

☐

I am requesting Medicare Secondary Payer lien information.

☐

I am requesting Other Medicare records (Provider Information, Cost Reports, Survey/Certification, Facility Records, etc.).

BackNext

Figure 9: Records Type page with "Social Security Administration documents" selected

Submit a Freedom of Information Act (FOIA) Request

1

2

3

4

WelcomeWhose RecordsMedicare StatusRecords Type

Great! Let's make sure we can provide you the records you are requesting.

Please select from the following:



Secondary Payer Lien Information
Please note that Medicare Secondary Payer (MSP) lien, subrogation, and workman's compensation information cannot be obtained through a FOIA request or a Medicare beneficiary claims request.
[Click here for additional information on MSP.](#)

☐ I am requesting Medicare beneficiary claims records.

☐ I am requesting Medicare Advantage claims records.

☐ I am requesting Prescription Drug claims records.

☐ I am requesting Social Security Administration documents.

☒ I am requesting Medicare Secondary Payer lien information.

☐ I am requesting Other Medicare records (Provider Information, Cost Reports, Survey/Certification, Facility Records, etc.).

BackNext

Figure 10: Records Type page with "Medicare Secondary Payer lien information" selected

Submit a Freedom of Information Act (FOIA) Request

1

2

3

4

WelcomeWhose RecordsMedicare StatusRecords Type

Great! Let's make sure we can provide you the records you are requesting.

Please select from the following:



Other Medicare Records

Please note that other Medicare records such as Provider Information, Cost Reports, Survey/Certification, and Facility Records should be requested through the [FOIA.gov website](https://www.foia.gov).

☐ I am requesting Medicare beneficiary claims records.

☐ I am requesting Medicare Advantage claims records.

☐ I am requesting Prescription Drug claims records.

☐ I am requesting Social Security Administration documents.

☐ I am requesting Medicare Secondary Payer lien information.

☒ I am requesting Other Medicare records (Provider Information, Cost Reports, Survey/Certification, Facility Records, etc.).

BackNext

Figure 11: Records Type page with "Other Medicare records" selected

Submit a Freedom of Information Act (FOIA) Request



Great! Let's make sure we can provide you the records you are requesting.

Please select from the following:

- ☒ I am requesting Medicare beneficiary claims records.
- ☐ I am requesting Medicare Advantage claims records.
- ☐ I am requesting Prescription Drug claims records.
- ☐ I am requesting Social Security Administration documents.
- ☐ I am requesting Medicare Secondary Payer lien information.

Back

Next

Figure 12: Records type page with "Medicare beneficiary claims records" selected

Submit a Freedom of Information Act (FOIA) Request

1

2

3

4

5

Welcome

Whose Records

Medicare Status

Records Type

Contact Info

Great! We can help you get your Medicare records.

Please tell us a little bit more about yourself:

ⓘ Complete the form below to proceed. Fields with an asterisk (*) are required.

First name*	Last Name*	
John	Smith	
Date of Birth*	Medicare Number* ⓘ	
4/3/1963 Enter a date (M/D/YYYY) or choose from the calendar	2TH9-R89-YG87	
Address Line 1*	Address Line 2	
123 Fake Dr.		
City*	State*	Zip Code*
Westby	WY	12345
E-mail*	Phone Number*	
test@tester.com	(122) 333-4444	
Fax Number		
(111) 222-3333		

Back

Next

Figure 13: Contact Info page for self

Submit a Freedom of Information Act (FOIA) Request

1

2

3

4

5

Welcome

Whose Records

Medicare Status

Records Type

Contact Info

Great! We can help you get the Medicare records.

Please tell us about the individual with Medicare:

ⓘ Complete the form below to proceed. Fields with an asterisk (*) are required.

First name*	Last Name*	
John	Smith	
Date of Birth*	Medicare Number* ⓘ	
4/3/1962	2F98-AG2-GN23	
Enter a date (M/D/YYYY) or choose from the calendar		
Address Line 1*	Address Line 2	
123 Fake Dr.		
City*	State*	Zip Code*
Front Royal	NE	54321

If you have a case associated with this beneficiary, please enter the tracking number:

Reference Number

#89754130

Figure 14: Contact Info page for request on behalf of someone else (first half)

We also need you to enter information for the individual and/or organization who will be receiving the Medicare claims records. This individual will serve as the point of contact if any questions should arise while fulfilling the request.

First name*

Mary

Last Name*

Jones

Organization

Pony Club

Address Line 1*

321 Fake St.

Address Line 2

City*

Front Royal

State*

DE

Zip Code*

12345

E-mail*

test@tester.org

Phone Number*

(122) 333-4444

Fax Number

(433) 222-1111

Back

Next

Figure 15: Contact Info page for request on behalf of someone else (second half)

Submit a Freedom of Information Act (FOIA) Request

1

2

3

4

5

6

WelcomeWhose RecordsMedicare StatusRecords TypeContact InfoRecord Details

Now tell us about the records you need.

ⓘ Complete the form below to proceed. Fields with an asterisk (*) are required.

Tell us which records to release:*

☐ Release all records to date
 ☒ Release records between specific dates:

Starting Date*

Ending Date*

1/1/20031/1/2005

Tell us when to release your records:*

☐ One time disclosure
 ☒ Expiration upon a specified date:
 ☐ Expiration upon specified event:

Release Date*

5/10/2022

Please provide any additional comments or information you may have:

Additional Comments

Please upload any additional supporting information.

ⓘ You can upload multiple files, but the cumulative file size cannot exceed 20 MB. Only the following file types are allowed: gif, jpg, jpeg, png, txt, pdf, doc, docx.

Upload documentation...

Figure 16: Record Details page for request for self

Submit a Freedom of Information Act (FOIA) Request

1

2

3

4

5

6

Welcome

Whose Records

Medicare Status

Records Type

Contact Info

Record Details

Now tell us about the records you need.

Please provide any additional comments or information you may have:

Additional Comments

Please upload the required documentation which authorizes you/your organization to obtain the requested records.

i

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 C.F.R. § 164.508) prohibits Medicare (a HIPAA covered entity) from disclosing an individual's protected health information without a valid authorization.

Required documentation:

- Medicare Authorization Form ⓘ

Additional documentation may include, but is not limited to, the following items:

- Authorized representative confirmation
- Notarized Power of Attorney
- Letters testamentary, letters of administration, successor in interest, next of kin, etc. ⓘ

ⓘ You are required to upload at least one attachment. You can upload multiple files, but the cumulative file size cannot exceed 20 MB. Only the following file types are allowed: gif, jpg, jpeg, png, txt, pdf, doc, docx.

Upload documentation...

Test Doc 1.docx

Test Doc 2.docx

Test Doc1.pdf

☒ I certify that this request includes all required documentation which authorizes me/my organization to obtain these records. *

Back

Next

A state subpoena is not sufficient. As prescribed by HIPAA, CMS/Medicare will not share protected health information without a valid authorization that contains the core elements such as name of the beneficiary, signature of the beneficiary, date, expiration date of the authorization, purpose, information to be disclosed, and name of the person to whom CMS/Medicare may make the requested disclosure. In accordance with HIPAA, the completed authorization will enable CMS/Medicare to share an individual's personal health information with a third party at the individual's request.

Document names may vary by state, but any version submitted must have been signed by probate court. We do not accept wills.

Figure 17: Record Details page for request on behalf of someone else

Submit a Freedom of Information Act (FOIA) Request

1

Welcome

2

Whose Records

3

Medicare Status

4

Records Type

5

Contact Info

6

Record Details

7

Other Details

The FOIA permits CMS to charge fees to FOIA requesters.

For noncommercial requesters, CMS may charge only for the actual cost of searching for records and the cost of making copies.

i

CMS will not charge if the total processing cost is less than \$25. If the total processing cost is estimated to exceed the amount specified below, CMS will notify the requestor before proceeding with processing the request. If a fee waiver is denied, CMS will contact you to determine if you would like to proceed with your request.

For more information on processing fees, please read our [FOIA FAQs](#).

☒ I am willing to pay fees for this request up to the following amount:

Max Fee Amount*
\$ 1.00

☐ I request a waiver or reduction of all fees for this request.

I request expedited processing.

i

Expedited processing will be granted only under specific circumstances. Please see the [FOIA FAQs](#) to determine if you qualify for expedited processing. If you believe these circumstances apply, then select "Yes" below and provide a justification.

☒ No

☐ Yes

I request certification for the responsive records. Additional fees will be invoiced for record certification. This is in addition to other fees assessed.

☒ No

☐ Yes

☐ I am willing to pay fees for this request up to the following amount:

Max Fee Amount*
\$ 1.00

☒ I request a waiver or reduction of all fees for this request.

☐ I am willing to pay fees for this request up to the following amount:

Waiver Justification*
I need it for free.

☐ No

☒ Yes

Expedition Justification*
I need it fast.

☐ No

☒ Yes

☒ The request is for a proceeding in which the United States Government or HHS is not a party. *

Certification is requested in order for the responsive records to be admitted into evidence. This condition is met if the Freedom of Information Act (FOIA) request is accompanied by a federal or non-federal document subpoena or the requester states that certification is required so that the responsive records can be admitted into evidence in a judicial proceeding and they provide the civil or criminal case number, along with the name of the court.

Civil or Criminal Case Number*
Name of the Court*

Back

Next

Figure 18: Other Details page

Submit a Freedom of Information Act (FOIA) Request

1

2

3

4

5

6

7

8

WelcomeWhose RecordsMedicare StatusRecords TypeContact InfoRecord DetailsOther DetailsReview

Please review the information you have entered before submitting:

Beneficiary Information

Edit

John Smith
1234 Test Dr.
Westby , CO 54321
Date of Birth
4/9/1975
Medicare Number
1EG4TE5MK72
Reference Number
#677543680

Requestor Information

Edit

Mary Jones
Pony Club
321 Fake St.
Front Royal, DE 12345
Email
test@tester.org
Phone
(122) 333-4444
Fax
(433) 222-1111

Figure 19: Review page (first half)

Record Details

Edit

Record Date Ranges
Release records from 1/1/2014 to 1/1/2018

Timeline of Release
Expire on Litigation ends

Additional Comments
Test

Documentation

- Test Doc 1.docx
- Test Doc1.pdf

Other Details

Edit

Expedited Processing Requested
Yes

Expedition Justification
Test

Fee Waiver Requested
Yes

Waiver Justification
Test

Record Certification Requested
Yes

U.S. Government is a Party to the Proceeding
No

Civil or Criminal Case Number
4792412

Name of the Court
Georgia Court

Back

Submit

Figure 20: Review page (second half)

The screenshot displays the CMS FOIA Portal interface with a modal window confirming the submission of a request. The modal features a green checkmark icon and the text 'Your request has been submitted!'. It provides a confirmation number '3D9-D15-37AB' and a warning that the number is only visible until the page is closed. The background shows the portal's navigation bar and a progress indicator with steps: Welcome, Who, Please review, Requestor Info, Record Details, and Other Details. The 'Requestor Info' section includes fields for Date of Birth and Medicare Number. The 'Record Details' section includes a field for Expedited Processing Requested. The 'Other Details' section includes fields for Fee Waiver Requested, Max Fee Amount, and Record Certification Requested.

CMS FOIA Portal (Dev) CMS.gov About CMS Newsroom Archive

Submit Request

1 Welcome Who

Please review

Requestor Info

Date of Birth

Medicare Number

Record Details

Other Details

Expedited Processing Requested

No

Fee Waiver Requested

No

Max Fee Amount

\$0.00

Record Certification Requested

No

6 Details Review

Edit

Edit

Edit

✕

✓

Your request has been submitted!

! Please keep the below confirmation number for your records:

3D9-D15-37AB 📄

⚠ The confirmation number is only visible until you close this page.

Please email OPOLEFOIA@cms.hhs.gov and reference the confirmation number if you need to modify or cancel your request.

Thank you for using the the FOIA request portal for Medicare beneficiary claims records!

[Click here to start a new request](#)

Figure 21: Request submitted page