Accelerated and Advance Payment Request Form for Providers by MAC:

**Noridian:**
- **Jurisdiction E:** California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands
- **Jurisdiction F:** Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming

**WPS:**
- **Jurisdiction 5:** Iowa, Kansas, Missouri, and Nebraska
- **Jurisdiction 8:** Indiana and Michigan

**Novitas:**
- **Jurisdiction L:** Delaware, District of Columbia, Maryland, New Jersey and Pennsylvania
- **Jurisdiction H:** Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Indian Health & Veteran Affairs

**First Coast:**
- **Jurisdiction N:** Florida, Puerto Rico, and U.S. Virgin Islands

**CGS:**
- **Jurisdiction 15:** Kentucky and Ohio

**National Government Services:**
- **Jurisdiction 6:** Illinois, Minnesota, and Wisconsin
- **Jurisdiction K:** Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont

**Palmetto:**
- **Jurisdiction J:** Alabama, Georgia, and Tennessee
- **Jurisdiction M:** North Carolina, South Carolina, Virginia, and West Virginia