



*City of Rapid City*  
RAPID CITY, SOUTH DAKOTA 57701

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*Office of the Mayor  
300 Sixth Street  
605-394-4110*

December 27, 2002

Noridian Administrative Services  
Attn.: Medicare Provider Part B Application  
P.O. Box 6707  
Fargo, ND 58108-6707

Re: Medicare Payments

Dear Sir or Madam:

This letter is to confirm that the City of Rapid City will be legally and financially responsible in the event that there is any outstanding debt owed to CMS.

CITY OF RAPID CITY

\_\_\_\_\_  
Jerry Munson, Mayor

ATTEST:

\_\_\_\_\_  
Finance Officer

(SEAL)



EQUAL HOUSING  
OPPORTUNITY

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EQUAL OPPORTUNITY EMPLOYER