

2015 FACILITY DIRECTORY UPDATE

The following CONFIDENTIAL information is required to maintain the Network provider database.

FACILITY NAME

PROVIDER #:

ADDRESS:

PHONE:

FAX:

CORPORATE OWNERSHIP:

FACILITY EMAIL:

	<i>NAME</i>	<i>EMAIL ADDRESS</i>	<i>DIRECT PHONE NUMBER</i>
MEDICAL DIRECTOR:			
ADMINISTRATOR/ CENTER DIRECTOR:			
HEAD NURSE/ CLINICAL MANAGER:			
DIETITIAN:			
SOCIAL WORKER:			
FACILITY REPRESENTATIVE:			
FACILITY ALTERNATE REPRESENTATIVE:			
Disaster/Emergency Contacts			
	<i>NAME</i>	<i>EMAIL ADDRESS</i>	<i>2 NON-FACILITY PHONE NUMBERS</i>
PRIMARY DISASTER CONTACT:			#1 -
			#2 -
ALTERNATE DISASTER CONTACT:			#1 -
			#2 -
<p>Does the facility have a generator on-site that is capable of supplying sufficient power to provide dialysis treatments? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, does the facility have the capability to connect a generator capable of supplying sufficient power to provide dialysis treatments? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			

If you have any questions, please contact Karen Hricak, Data Manager, at khricak@nw4.esrd.net

Once Complete fax to 610-783-0374

Name of Person Completing this Update: _____ Date Completed: _____