



**We know that opening a new facility entails a lot of paperwork, and we will eventually add our fair share, but for now, we simply need you to fill out and FAX this short form back to us at 303-860-8392.**

Name of New Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporate Affiliation: \_\_\_\_\_

Date Expected to Provide First Dialysis to Patients: \_\_\_\_\_

Person to Contact Prior to Facility Opening: \_\_\_\_\_

Phone: \_\_\_\_\_

### What's Next?

- Be sure to read all of the information contained on the NW 15 Webpage: [www.esrdnet15.org/newdialysis.htm](http://www.esrdnet15.org/newdialysis.htm).
- View the WebEx recordings posted on the above webpage and complete the online feedback survey.
- As soon as you start dialyzing patients call us so that we can assign you a temporary provider number. You will also need to submit to us the following forms:
  - [Follow-up Facility Info Form](#)
  - [Memo of Understanding](#)
  - Patient Forms including the [2728](#), [2746](#), and [PAR](#)
- **As soon as you receive your Medicare Certification letter from the State Survey Agency notify Network #15 and FAX us a copy of the letter!** This letter will include your six-digit Medicare CCN, which you must thereafter use on all forms that you send to Network #15.

Thanks for your help. Please give us a call at 303-831-8818 if you have any questions.