

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: _____ ~~WWW~~ ~~ask~~ _____

What's Next?

- Be sure to review all of the information contained on the NW 15 Webpage: www.esrdnet15.org/newdialysis.htm
- 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 found on the above listed website:
 - [Follow-up Facility Info Form](#)
 - [Memo of Understanding](#)
 - [QIPS Forms to register for CROWNWeb](#)
 - 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.