Hospital Contact Change Form

*****If there are no updates to be made, please do not submit this form.*****

Complete and submit this form ONLY IF any of the contact types indicated below have changed in your facility**.** Provide information for the contact type(s) that need to be replaced, added, updated, or removed. If no changes have occurred for a contact type, please do not include their information below. **Type of Contact Change (*i.e., Add New to Replace Existing, Add Additional, Update Existing, or Remove Existing*) must be selected.** Otherwise, the contact information provided on this form will not be updated in the system.

Date:_____ Provider Name:_____ Provider ID/CMS Certification Number (CCN): _____

Name/Title of Person Completing the Form:_____/_____ Phone Number: _____

Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
Choose an Option	Choose an Option				
Choose an Option	Choose an Option				
Choose an Option	Choose an Option				
Choose an Option	Choose an Option				
Choose an Option	Choose an Option				
Choose an Option	Choose an Option				
Choose an Option	Choose an Option				
Choose an Option	Choose an Option				
Choose an Option	Choose an Option				
Choose an Option	Choose an Option				
Choose an Option	Choose an Option				

*Important note about *QualityNet* SAs: Every facility participating in the Hospital IQR Program and/or IPFQR Program must designate a minimum of one SA. To prevent possible interruption of *QualityNet* access, facilities are highly encouraged to appoint at least two SAs. If your facility does not have an SA, it may be at risk of incurring a reduction to its annual payment update (APU). **For more information about how to designate an SA, please refer to the *QualityNet* Security Administrator Registration page. Please Note: Submitting SA contact information on this form WILL NOT update or change your SA information in *QualityNet*.**

Click here to submit form via Internet Explorer.

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For all other browsers, download and send form by email to QRFormsSubmission@hsag.com.