

Provider # 45- _____ OR 67- _____

Facility NPI # _____

Facility Name: _____

City: _____

PLEASE NOTE:

Any position that does not apply to your facility mark as: N/A

PLEASE TYPE OR PRINT LEGIBLY

Position	Name	Credentials	E-Mail
	<i>First</i>	<i>Last</i>	
Individual responsible for the completion of the CMS-2744 Annual Facility survey			
2744 Contact:			
Individual responsible for facility as a whole.			
Administrator/CEO:			
Individual responsible for the completion of all CMS data forms; person to be contacted for corrections			
Data Contact:			
Person to be contacted concerning ESRD dietitian questions and concerns			
Dietitian:			
Person to be contacted in the event of a disaster			
Disaster Coordinator:			
Alternate Disaster Coordinator:			
Individual designated by the facility as the voting representative of the Network Council			
Facility Representative:			
Registered Nurse responsible for data collection and supervising facility nursing staff			
Head Nurse/DON:			
Physician responsible for facility as a whole		Med. Dir. UPIN #:	
Medical Director:			
Patient (NOT facility staff) designated by the facility to serve as a primary liaison between the facility's patients and Network 14			
Patient Representative:			
Registered Head Nurse responsible for the peritoneal dialysis unit			
PD Nurse Coordinator:			
Person to be contacted for questions and concerns			
Social Worker:			
Individual listed as Dialysis Facility Report (DFR) Master Account Holder (MAH)			
*Special Studies Contact:			

* Corporate email address specific to the individual is required for MAH updates

Complete and return to ESRD Network 14 by fax at 972-503-3219 whenever a change in key personnel occurs.

Date: _____ Prepared by: _____ Title: _____



4040 McEwen Rd Suite 350
Dallas, Texas 75244
www.esrdnetwork.org
972-503-3215 Phone
972-503-3219 Fax

Roster of Key Personnel Narrative

2744 Contact	Individual responsible for the completion of the CMS-2744 Annual Facility survey.
Administrator/CEO	Individual responsible for facility as a whole
Data Contact	Responsible for the completion of all CMS data forms (2728, 2746, Missing Forms, NPAR, Quarterly Event Validations); person to be contacted for corrections (Current Rejects Report, address updates, personnel updates)
Dietitian	Facility Dietitian to be contacted concerning ESRD dietary questions and concerns
Facility Representative	Individual designated by the facility as the voting representative of the Network Coordinating Council (NCC)
Disaster Coordinator	Person to be contacted in the event of a disaster
Alternate Disaster Coordinator	Alternate person to be contacted in the event of a disaster
Head Nurse/DON	Qualified Registered Nurse responsible for data collection and for supervising facility nursing staff
Medical Director	Physician responsible for facility as a whole
PD Nurse Coordinator	Qualified Registered Nurse responsible for peritoneal dialysis unit
Network Patient Rep	Patient (NOT facility staff) designated by the facility to serve as a primary liaison between the facility's patients and Network 14
Social Worker	Facility Social Worker to be contacted for questions and concerns related to patients
Special Studies Contact	Individual designated as the Dialysis Facility Report (DFR) Master Account Holder (MAH). Corporate email address specific to the individual is required.