



END STAGE RENAL DISEASE NETWORK OF TEXAS

GRIEVANCE QIA 2015 UTILIZING FPRs: PULSE CHECK

Please complete the following information and check the box attesting that you have reviewed the “Utilizing FPRs: Pulse Check” Webinar (only for those facilities that did not attend the live webinars on June 9, 2015):

Facility Name: _____

6 Digit CMS Provider Number: _____

Your Name: _____

Your Position: _____

Phone Number: _____

I have reviewed the “Utilizing FPRs: Pulse Check” webinar recording and slides

Signature: _____

Please fax completed attestation form to Charlonda Thrower, Patient Services Director, to the fax number below **by Thursday, July 2, 2015**

4040 McEwen Road, Suite 350, Dallas, Texas 75244
Phone: 972-503-3215 | Fax: 972-503-3219 | info@nw14.esrd.net | www.esrdnetwork.org

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