

## Nursing Facility Information

Facility Name:

Doing Business As (dba) Name:

DUNS Number:  Tax ID:

Facility Address:

Street:  City:

State:  ZIP Code:

Payment Address:

Street:  City:

State:  ZIP Code:

Facility Administrator:

Name:  Telephone Number:

Email:  FAX Number:

Facility Billing Person of Contact:

Name:  Telephone Number:

Email:  FAX Number:

Facility Contracting Authority Person of Contact:

Name:  Telephone Number:

Email:  FAX Number:

Facility Admissions Person of Contact:

Name:  Telephone Number:

Email:  FAX Number: