

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: