



Contact Information for Nursing Homes

**PLEASE
PRINT**

Please Note: It is very important that QSource have accurate contact information at all times. This form is for routine collection and updating of the contact information in QSource's database. It is NOT a legal document. The information you provide is used solely to facilitate communication between QSource and your facility.

Medicare Provider Number / CCN: _____

Facility Name: _____

Facility Mailing Address: _____

City _____ **Zip** _____ **County** _____

Medicare Certified? Yes No **Medicaid Certified?** Yes No **Facility Bed Size:** _____

Please insert the name(s) of the on-site Administrator (or Director) and the QI contact for the Nursing Home named above. (These names should be on-site staff, NOT Regional Mgr, COO, Compliance Officer, Owner, etc.)

Administrator: Name _____ Job Title _____
Phone Number _____ Fax _____
E-Mail Address _____

Director of Nursing: Name _____ Job Title _____
Phone Number _____ Fax _____
E-Mail Address _____

Medical Director: Name _____
Phone Number _____ Fax _____
E-Mail Address _____

Comments: _____

Submitted by (name) _____ **Date** _____

Title & Phone Number (if different from above) _____

3175 Lenox Park Blvd, Suite 309 - Memphis, TN 38115
Phone: 901-682-0381 - Attention: Linda Parks, ext. 2609
Please Fax this to: 901-761-3786
Thank You