



# Contact Information for Home Health Agencies

PLEASE PRINT

Medicare Provider Number / CNN: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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 agency.

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

### Administrator (or Director)

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Quality Improvement Manager (or QI Director) – if different from above.

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Submitted by (name) \_\_\_\_\_ Date \_\_\_\_\_

Title (if not listed above) \_\_\_\_\_

Phone Number (if not listed above) \_\_\_\_\_

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