



## 2010 Annual Mailing - Dialysis Facilities & Transplant Centers

# December 20

2010

Remember  
this date!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	<b>Monday, December 20</b> FIF or FIF-TX & Membership Agreement DUE  <b>20</b>		8	9	10	11
12			15	16	17	18
19		21	22	23	24	25
26	27	28	29	30	31	

**Instructions:** Please complete the acknowledgement form below and FAX it to ESRD Network 18 at (323) 962-2891 as soon as you receive this packet. Thank you for your cooperation.

### Confirmation Receipt Fax Immediately

CMS Certification Number (CCN): «PROVNUM»

Date: \_\_\_\_\_

Complete Facility Name: «PROVNAME»

Name (Please Print Clearly): \_\_\_\_\_

#### Mission Statement

*To provide leadership and assistance to renal dialysis and transplant facilities in a manner that supports continuous improvement in patient care, outcomes, safety and satisfaction.*