



MEMORANDUM

To: «ADMINAME», Administrator
#«PROVNUM» «PROVNAME»

From: Julie Aguilar, Administrative Assistant

Subject: **Annual Mailing – All Dialysis Facilities & Transplant Centers**

Date: November 29, 2010

Enclosed please find a current Membership Agreement and pre-populated Facility Information Form. Items 1 through 3 require immediate action. Items 4 through 6 are for your information and/or use.

No.	Form	Immediate Action & Due Date
1.	Due Date/Confirmation Form	Complete & fax this form immediately
2.	Facility Information Form (FIF) or (FIF-TX)	Please review the FIF and make corrections, if necessary, and return to Network 18 by Monday, December 20, 2010
3.	Membership Agreement	Please sign both copies of the Membership Agreement, keep one for your file and return one to Network 18 by

4.	Who To Ask For at Network 18/Calendar	Post for easy reference.
5.	Facility Information Change Form	Download form at: www.esrdnetwork18.org/reports/forms.php
6.	Facility and Transplant Directory	For your information.

**Note: CMS Certification Number (CCN) previously Medicare provider number.*

Due: Monday, December 20, 2010

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.