



MEMORANDUM

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

From: Julie Aguilar, Administrative Assistant

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

Date: December 8, 2011

Enclosed please find a current Membership Agreement and pre-populated Facility Information Form. Items 1 through 4 require immediate action. Items 5 through 8 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 Friday, December 30, 2011 .
3.	Membership Agreement	Please sign and keep the Membership Agreement for your records. Fax a copy to Network 18 by Friday, December 30, 2011 .
4.	Memorandum of Understanding (MOU)	Please sign and keep the Memorandum of Understanding for your records. Fax a copy to Network 18 by Friday, December 30, 2011 .

No.	Form	Immediate Action & Due Date
5.	Who To Ask For at Network 18	Post for easy reference.
6.	How We Can Help	Post for easy reference.
7.	Facility Information Change Form	Download form at: www.esrdnetwork18.org/reports/forms.php
8.	Facility and Transplant Directory	Download form at: www.esrdnetwork18.org/reports/directories_and_labels.php

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

Due: Friday, December 30, 2011

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.