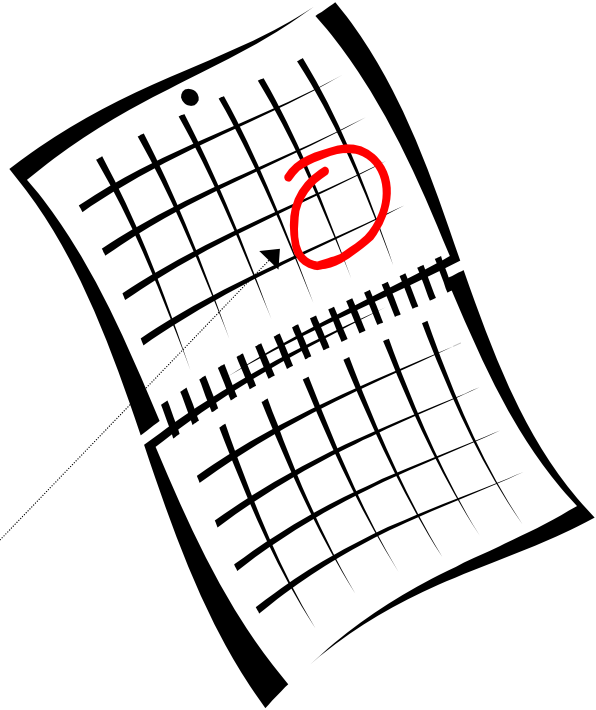




2010 ESRD Annual Facility Survey Confirmation Receipt

Please remember that your 2010 Facility Survey, along with any corrections is due to the Network by:

**Wednesday
March 16, 2011**



Please complete below and **fax immediately** to Network 18 at (323) 962-0127 so that we are aware your packet was received.

Date Packet Received: _____

Provider Number: _____

Facility Name: _____

Received by (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.