



2010 ESRD Annual Facility Survey

No Error Receipt



Please sign and date below if your Survey page & Patient Census information is correct and requires no further correction and/or amendments.

Date Packet Received: _____

Provider Number: _____

Facility Name: _____

Received by (Please Print Clearly): _____

Reminder

*Though no corrections were made, we will STILL need the 2010 Facility Survey page signed and turned in no later than
Wednesday, March 16, 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.