



# Hospital Contact Form

**All information must be complete for processing**

**NOTICE:** It is important to notify eQHealth Solutions immediately when contacts change to ensure effective and timely communications.

**Please Check Change(s):**

- Hospital CEO or CFO   
  eQHealth Liaison   
  Quality Contact   
  **LTAC** Quality Contact   
  Web Administrator

<b>Hospital Medicaid Number</b> (12 digit tax ID number)														
<b>Hospital Name:</b>														
<b>Hospital Address:</b>														
<b>City, State &amp; Zip:</b>														

**Return to**  
 eQHealth Solutions  
 Attn: Communications  
 Fax: (630) 317-5101

Form Updated 10/12/2010

Position/Contact Type	Full Name	Prof. Suffix	Title	Mailing Address (if different from above)	Email Address	Telephone & Fax
Hospital CEO) (or CFO)					@	T: F:
Hospital-assigned eQHealth Liaison					@	T: F:
Hospital-assigned Quality Contact					@	T: F:
<b>LTAC</b> Hospital Quality Contact					@	T: F:
Hospital-assigned eQHealth Web Administrator					@	T: F:

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**Hospital CEO or CFO Signature**  
 (MUST be signed for eQHealth Liaison change)

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**eQHealth Liaison Signature**  
 (Required for Web Administrator or Quality Contact assignment only)

\_\_\_\_\_  
**Date**