



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):

- Changing HSI Liaison Information
 Changing Quality Contact Information
 Changing Web Administrator Information

Hospital Medicaid Number: (12 digit tax ID number)														
Hospital Name:														
Hospital Address:														
City, State & Zip:														

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

Form updated: 4/1/2010

Position/Contact Type	Full Name	Prof. Suffix	Title	Mailing Address (if different from above)	Email Address	Telephone & Fax
Hospital Chief Executive Officer or Chief Financial Officer					@	T: F:
Hospital-assigned eQHealth Liaison					@	T: F:
Quality Contact (if different from Liaison)					@	T: F:
Hospital-assigned eQHealth Web Administrator					@	T: F:

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

eQHealth Liaison Signature
 (Only needed for Web Administrator or Quality Contact change)

Date