



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

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 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:
LTAC Hospital Quality Contact					@	T: F:
Hospital-assigned eQHealth Web Administrator					@	T: F:

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

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

Date