HSAG HEALTH SERVICES ADVISORY GROUP
The Florida ESRD Network

New Facility Information

Please complete ALL fields and FAX to HSAG: ESRD Network 7 at 813.354.1514.

Date Facility Opened: ______________

Facility Type: ☐ Dialysis ☐ Transplant

Facility National Provider Identifier (NPI): ____

Facility Name: ____

Phone Number: __________________________ Fax Number: ______________________

Number and Street Address: ____

City:____________________________________State: ______ Zip Code: _______________

County: ____

Parent Company (Owned By): ____

Profit Status: ☐ Profit ☐ Non-Profit

Location Type: ☐ Hospital-Based ☐ Free-Standing ☐ Satellite Unit

Total Number of Dialysis Stations: _________ Number of Isolation Stations: ________

Services Offered: (check all that apply)

☐ Hemodialysis ☐ Home Support (Hemo) ☐ Home Support (PD) ☐ Home Training (Hemo)

☐ Home Training (PD) ☐ CAPD ☐ CCPD ☐ Accepts Pediatrics ☐ Accepts Transients

Frequent Dialysis (5 or more times/week): ☐ In-Center ☐ Home

☐ Practices Dialyzer Reuse ☐ Shift Starting After 5 p.m. ☐ Intercenter PD

MWF Open Time: _________ MWF Close Time: _________ MWF # of Shifts: _________

TThS Open Time: _________ TThS Close Time: _________ TThS # of Shifts: _________

Name of Facility Manager/Administrator: ____

Name of CROWNWeb Contact: ____

Name of person completing this form: ____

Phone for person completing this form: ____

Email for person completing this form: ____

Questions? Call Network 7 at 813.383.1530

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