State of California - California Health and Human Services Agency

California of Health Care Access and Information

## CALIFORNIA CABG OUTCOMES REPORTING PROGRAM Extension Request Form

PHONE (916) 326-3865 FAX (916) 445-7534

HCAI-CCORP 418 (Revised 06/17)

## **Extension Request Form**

Ву:	Date of CORC System Input:
Extension Request (circle one):	Granted Denied
HCAI USE ONLY	
Signature:	
Phone Number:	Fax Number:
, , , , , , , , , , , , , , , , , , , ,	Name and Title (Please print)
Extension request submitted by:	
Number of Days of Extension Req	uest:
Report Period: Begin Date:	End Date:
Date:	
Facility ID:	
Hospital Name:	