# Patient Data Reporting
# Extension Request

*Note: HCAI recommends use of the online function for users to request an extension.*

***Please print clearly***

**Email to: Patientlevel@HCAI.ca.gov**

**Fax Request to: (916) 327-1262** Attn: Patient Data Section     Date: _____

<u>All available days will be granted. There are 14 extension days allowed for each report period for each data type.</u>

1. Facility Name: _____

2. Facility Identification Number: □□□□□□

3. Street Address: _____

   City, State, ZIP: _____

4. Data Type:

   ☐ Inpatient

   ☐ Emergency Department

   ☐ Ambulatory Surgery

5. Report Period Begin Date: _____

6. Report Period End Date: _____

7. Designated Agent (if applicable): _____

8. Person Requesting Extension (print): _____

9. Signature: _____

10. Title: _____

11. Phone: _____

12. Email: _____