Facility Contact Information

IMPORTANT: *It is the role and responsibility of the User Account Administrator (UAA) to update facility contact information in the data system . Complete this form only if you are a new facility, or the UAA is unable to conduct user account and contact information maintenance within the system.*

Please print clearly.

Facility Name:

Facility Identification Number:

Primary Contact*:
Name (First, Middle Initial, Last, Credentials):
Title:
Phone Number: Fax Number:
Mailing Address (Street):
City, State, ZIP:
Email:

Facility Administrator*: *This should be the person in charge of the day-to-day operation of the facility (CEO or equivalent).*
Name (First, Middle Initial, Last, Credentials):
Title:
Phone Number: Fax Number:
Mailing Address (Street):
City, State, ZIP:
Email:

Secondary Contact (optional):
Name (First, Middle Initial, Last, Credentials):
Title:
Phone Number: Fax Number:
Mailing Address (Street):
City, State, ZIP:
Email:

HCAI will generate important notices (approval letters, penalty letters, etc.) to the Primary and Facility Administrator Contacts.

As verification, please sign and date this form, then email to HCAI at PatientLevel@hcai.ca.gov or fax to **(916) 327-1262**.

Verified by:

_____
Print Name

_____
Title/Position

_____
Signature

_____
Date