



## CAHPS Health Plan Survey Registration Request Form

Complete the information below. The CAHPS Database will review your request and will send you an e-mail with the information to access the 2009 CAHPS Health Plan Survey Data Submission System.

\* Required Item

\*Organization Name:

\*First Name:

\*Last Name:

Title/Position:

\*Address 1 (No P.O. Box allowed):

Address 2: (No P.O. Box allowed):

\*City:

\*State:

\*Zip Code:

\*Telephone number: (        )        -        Ext.

Fax number: (        )        -

\*Email address:

\*Identify your role as a participant

Sponsor (Organization that receives the sponsor report)

Coalition

Vendor

Please list the name(s) of the sponsor organization you are representing:

Health Plan but not a Sponsor (Submitting data for a sponsor and does not receive a report)

As a Health Plan are you submitting data on behalf of :

Sponsor Organization

Please list the name of the sponsor(s):

Coalition

Please list the name of the coalition(s):

Other Organization

Please list the name of the other organization(s):

Additional Information about your role as a participant:

\*Are you the primary contact?

Yes

No

First Name:

Last Name:

Telephone number: (       )       -       Ext.

\* Has your organization previously participated in the CAHPS Health Plan Survey?

Yes

No

\* Do you submit data to NCQA?

Yes

No