

7500 Security Boulevard, Mail Stop C1-25-05
Baltimore, Maryland 21244-1850



[CITY, STATE AND ZIP]

[illegible][illegible]

www.medicare.gov/care-compare “provider type – Dialysis facilities” (Dialysis – Facilities) https://ichcahps.org “DIALYSIS PATIENTS Click Here” (Dialysis Patients) Click Here

Medicare

[FACILITY NAME]

□□□□□□□□□□□□ [DAYS]□[HOURS AND TIME ZONE] □□□□□□ [VENDOR 800
NUMBER] □ [VENDOR NAME] □□□(For questions about this survey, or if you want to receive this survey in
English, please call the survey manager at [VENDOR 800 NUMBER].)

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Vanessa Dunn

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The 1995 Paperwork Reduction Act of 1995 (OMB) requires OMB to review all forms that are required to be submitted by the public. OMB has reviewed the form(s) identified above and has determined that the information requested on the form(s) is necessary for the proper performance of the functions of the agency, and that the burden of the collection of information does not exceed what is authorized by 42 CFR §413.178(c)(iii). The form(s) have been approved for collection of information under U.S.C. 552a-1974. CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.