Hospital Information Submission Form

Adding Hospital Information

Note that you must submit your DUA online, NOT via email. To do so, select the DUA tab above, then follow the instructions to submit your document.
Submission ID will be auto-populated once you add all hospital information in the table below.

Add Hospital

Hospital/Health System Name: RMU Island

Submission ID	Hospital Name [1]	Medicare Provider ID [2]	State	Vendor Email	Action	Link Questionnaire
CH-06FB431	Test Hospital	999999	NV	test@test.com	Edit Delete	Link

1: Limit Hospital name to 25 characters.
2: Six-character Medicare Provider ID or CCN.

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.