



Hospital Contact Form

All information must be complete for processing

NOTICE: It is important to notify HealthSystems of Illinois immediately when contacts change to ensure effective and timely communications.

Please Check Changes:

- Changing HSI Liaison Information
 Changing Quality Contact Information
 Changing Web Administrator Information

Hospital Medicaid Number:													
Hospital Name:													
Hospital Address:													
City, State & Zip:													

Return to
 HealthSystems of Illinois
 Attn: Communications
 Fax: (630) 317-5101

Form updated: 3/17/2008

Position/Contact Type	Full Name	Prof. Suffix	Title	Mailing Address (if different from above)	Email Address	Telephone & Fax
Hospital Chief Executive Officer or Chief Financial Officer					@	T: F:
HSI Liaison					@	T: F:
Quality Contact (if different from Liaison)					@	T: F:
New Web Administrator					@	T: F:

Hospital CEO or CFO Signature
 (MUST be signed for HSI Liaison change)

HSI Liaison Signature
 (Only needed for Web Administrator or Quality Contact change)

Date