



Improving Healthcare
for the Common Good®

End-Stage Renal Disease Network of the Ohio River Valley
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Primary Facility Roster

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Corp Name: _____

Is this facility owned by a corporation? Yes or No

Date Opened: _____ Phone #: _____ Fax #: _____

Facility Email address: _____

Data Contact Name: _____

Number of **M-W-F** Shifts: _____ Facility opens: _____ AM Closes: _____ PM

Number of **T-T-S** Shifts: _____ Facility opens: _____ AM Closes: _____ PM

Please check which one applies: Profit or Non Profit

Number of Isolation Stations?

CCN #:

Facility NPI #: