|  |  |
| --- | --- |
| ohs | **State of Connecticut Office of Health Strategy** |

**Health Care Benchmarks Insurance Carrier Contact Information**

**Insurance Carrier Information**

|  |  |
| --- | --- |
| Insurance Carrier Name: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | *Street Address* | *Suite/Unit #* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Phone: |  | Carrier Fax: |  |

|  |  |
| --- | --- |
| Facility Email: |  |

**Administrator Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Program Admin: |  |  |  |
|  | *Last* | *First* | *M.I.* |

|  |  |
| --- | --- |
| Admin Phone: |  |

|  |  |
| --- | --- |
| Admin Email: |  |

**Primary Data Contact Information**

(This refers to the technical staff responsible for configuring the data extract to be sent to OHS and the contact for data validation)

|  |  |
| --- | --- |
| Data Contact: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | *Street Address* | *Suite/Unit #* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |
| --- | --- |
| Data Phone: |  |
| Data Email: |  |

**Method of Data Submission**

Secure File Transfer (SFT) – The information above will enable the Office of Health Strategy (OHS) credential the data contact to access and upload the required file directly to OHS via the Secure File Transport web client.