

## Healthcare Benchmark Initiative Contact Information

### Payer or Provider Information

Organization  
Name:

Address:

*Street Address*

*Suite/Unit #*

*City*

*State*

*ZIP Code*

Phone:

Fax:

Email:

### Administrator Contact Information

Admin:

*Last*

*First*

*M.I.*

Admin Phone:

Admin Email:

### Primary Data Contact Information

(This refers to the technical staff responsible for producing the data extract or file to be sent to OHS and for data validation)

Data Contact:

Address:

*Street Address*

*Suite/Unit #*

*City*

*State*

*ZIP Code*

Data Phone:

Data Email:

### Method of Data Submission

☒ SFT - Enables the Primary Data Contact to directly upload the file to the Office of Health Strategy via the Secure File Transport web client.

Please return to: [patricia.blodgett@ct.gov](mailto:patricia.blodgett@ct.gov) or [ohs@ct.gov](mailto:ohs@ct.gov)

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