

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 or ohs@ct.gov
State of Connecticut Office of Health Strategy
Healthcare Benchmark Initiative Team
450 Capitol Ave. 1st Floor, Hartford, CT 06016
Fax: 860 418 7053