

**Outpatient Surgical Facility/Department Contact Information****Facility Information**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Suite/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Facility Phone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

Facility Email: \_\_\_\_\_

**Office Administrator Contact Information**

Office Admin: \_\_\_\_\_  
*Last* *First* *M.I.*

Admin Phone: \_\_\_\_\_

Admin Email: \_\_\_\_\_

**Primary Data Contact Information**

(This refers to the technical staff or vendor responsible for configuring the data extract to be sent to OHS)

Data Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Suite/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Data Phone: \_\_\_\_\_

Data Email: \_\_\_\_\_

**Method of Data Submission (Select One)**

- ☐ SFT - This method applies to larger facilities that have the technical staff or a vendor capable of creating a patient data export from the facility's record keeping system which can be directly uploaded to the Office of Health Strategy via the Secure File Transport web client.
- ☐ VPN/Manual Entry\* – This method applies to smaller facilities that lack the technical resources to create an automated data export. The office administrator, or other designated staff, would connect to the State's VPN, log in to the online data filing application and key in the patient data for submission.