

CMS Disaster Coordinator and Back-up Designation Form



Centers for Medicare & Medicaid Services (CMS) requires all ESRD facilities to designate a Disaster Coordinator and back-up. Please complete the form below and click to submit via Email.

CMS Provider Number _____ Month/Year _____

Facility Name _____

First & Last Name of Person Completing Form _____

Name of Disaster Coordinator _____

Title _____

Phone Number _____

Alternate Phone Number _____

Email _____

Name of Back-up Disaster Coordinator _____

Title _____

Phone Number _____

Alternate Phone Number _____

Email _____