



The End Stage Renal Disease Network of Texas, Inc.

4099 McEwen Road Suite 820 Dallas TX 75244 972-503-3215 fax 972-503-3219 www.esrdnetwork.org

A Division of Alliant Quality

ESRD Network of Texas EMResource New Facility Account Request Form

- * **This form is for new accounts only.** If you need access to an existing account, please call the Network.
- * Please know your facility is required to update the account by the **8th** of each month.
- **If your facility is a DENOVO please contact the Network as soon as you receive a Medicare Provider Number (also known as a CCN) to update your EMResource account.

Complete facility name	
Medicare Provider Number (if available) **If your facility is a DENOVO please check the box	<input type="text" value="CCN:"/> <input type="checkbox"/> DENOVO
Facility Address	Street Address: Suite #: City, State Zip Code: County:
Facility contact number	
Facility fax number	
Primary contact person	
Primary contact person's title (I.e. Clinical Manager, Facility Administrator, Regional Director, etc.)	
Primary contact person's email address	

Please send your completed form to Betrice Williams, betrice.williams@allianthealth.org

For additional EMResource questions or concerns please contact Betrice Williams, Outreach Coordinator at 469-916-3807 or betrice.williams@allianthealth.org