

MEMORANDUM

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To: **Contact Persons for All Health Care Responsibility Act (HCRA) Participating Hospitals**

From: Erin Bailey, HCRA Liaison
Agency for Health Care Administration (Agency)
Bureau of Health Facility Regulation
2727 Mahan Drive, MS #28
Tallahassee, FL 32308

Phone: (850) 412-4330

Email: HCRA@ahca.myflorida.com

Fiscal Year Beginning October 1, 20____

Hospital personnel (may NOT be representatives from collection agency) responsible for eligibility determinations and claims processing in regards to the HCRA program must have an email address and internet access in order to receive any HCRA updates, forms and/or other information. For updates to contact information, please complete this form and return to the Agency's HCRA Liaison. Contact information is listed above.

Hospital Name: _____ **County Location:** _____
AHCA License #: _____ **Medicaid ID #:** _____

Hospital Chief Executive Officer (CEO)

Name: _____ Title: _____
Mailing Address: _____
Phone: _____ Fax: _____
Email Address: _____

HCRA Eligibility Determination Contact Person

Name: _____ Title: _____
Mailing Address (no P.O. Box): _____
Phone: _____ Fax: _____
Email Address: _____

HCRA Claims Processing Contact Person

Name: _____ Title: _____
Mailing Address (no P.O. Box): _____
Phone: _____ Fax: _____
Email Address: _____

Signature of Hospital CEO

Date