Attachment A
Facility Owner and Licensee Identification

The owner and licensee of _____ is:
(Name of Facility)

_____.
(Name of Owner/Licensee)

If you have any questions concerning any aspect of patient care in this facility, or about the operation of this facility, you may contact:

_____
(Name of Individual/Entity Responsible for Patient Care and Facility Operation)

Address: _____
_____
_____

Telephone: _____