

Network Form Edit Request

To: NW 10/NW 12 Data Dept.

Fax: 463-209-0062

Date: _____

Subject: Request to Edit a Submitted 2728/2746 Form

Requested By:

Facility Name: _____

CCN: _____

Requestor First Name/Last Name and Position: _____

Phone Number: _____

Email: _____

Requested Information:

EQRS Patient ID: _____

Form Type: Initial 2728 | Re-entitlement 2728 | Supplemental 2728 | 2746

Field to be changed (field number and name): _____

Old Value: _____

New Value: _____

Reason for Change: _____

Change Limitations and Requirements:

- Edit requests must be made within 2 months from the form's submission date in EQRS.
- Only the facility that originally submitted the form may request a change to that form.
- If the change also needs to be made to the patient's demographics screen and/or the admit treatment information, you must complete the change prior to submitting the edit request.
- Any changes made to already submitted forms will change the submission date in EQRS which may negatively impact your forms compliance.
- Networks are limited to what we can change. We are unable to delete submitted forms or make changes to physician names or signature dates. These requests must be made to the Quality Net Helpdesk at 866-288-8912 or by email at qnetsupport-esrd@cms.hhs.gov.
- Do not email this form to the Network, as it could contain PHI/PII (patient names, birthdates, etc.) All violations will be reported to CMS.