	Practice Website Address	Practice Organization Type	Customer Point of Contact Information		
			Last Name	First Name	Email Address

Referral and Transition of Care Organization Name	Website Address	Organization Type	Transition of Care Point of Contact Information		
			Last Name	First Name	Email Address

Contact Phone Number	Geographic Area	Organization Facility Information						
		Street Address	Street Address	City	State	Zip code	Telephone Number	FAX Number

Contact Phone Address	Geographic Area	Organization Facility Information						
		Street Address	Street Address	City	State	Zip code	Telephone Number	FAX Number

	Meaningful Use Contact Information		
Provider Email Address	**EHR/HISP Vendor**	**MU Stage**	**Organization "Direct Account" Username (e.g., username@Direct.Hospital.net)**

	HIT Information		
Provider Email Address	**EHR/HISP Vendor**	**MU Stage**	**Organization "Direct Account" Username (e.g., username@Direct.Hospital.net)**