



Accreditation Data

PN System
2950 W 84 St. Bay 7
Hialeah, FL 33018
305.818.5940
fax: 305.819.4064

Application data:

Company name: _____ Horas Operation: _____ to _____
Address: _____ Initial Date of Operation: _____

Phone: _____ Fax: _____
Tax ID: _____ NPI: _____
President: _____
Contact Person: _____
Administrator: _____
License #: _____ Date Initial Operation: _____
Medicare #: _____ Medicaid #: _____
Patients in last 12 months: _____ Unduplicated Admissions: _____
email address: _____
Password: _____ *(for Accreditation body, do not fill)*

Submitted by: _____ Signature: _____

Date: _____