



Designation of Liaison to FMQAI

In accordance with Agreement between (facility name) and FMQAI, the following individual is designated to serve as the FMQAI liaison, with responsibility to receive notices and communications from FMQAI regarding its medical record review activity, to coordinate the dissemination of such information within the facility, and to discuss with FMQAI questions, needs, and suggestions regarding day-to-day interactions between the parties.

This designation may be changed at any time by notifying FMQAI in writing.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Mailing Address and Phone Number (if different than facility's):

Phone #: _____

Fax #: _____

FMQAI
5201 W. Kennedy Blvd. #900
Tampa, FL 33609
813-354-9111 Fax 813-354-0737

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