



# NORTHWEST RENAL NETWORK

## MASTER ACCOUNT HOLDER (MAH) DESIGNATION FORM

[www.dialysisdata.org](http://www.dialysisdata.org)

**IF YOU NEED TO UPDATE YOUR MAH, COMPLETE  
AND FAX THIS FORM TO NETWORK 16  
206.923.0716**

**PLEASE PROVIDE ALL REQUESTED INFORMATION**

**Facility Name** \_\_\_\_\_

**MEDICARE 6-digit provider number** \_\_\_\_\_  
(not your organization's facility number)

**Street** \_\_\_\_\_

**City, State and Zip** \_\_\_\_\_

**Last name of the MAH** \_\_\_\_\_

**First name of the MAH** \_\_\_\_\_

**Email address of the MAH** \_\_\_\_\_

**Phone number of the MAH** \_\_\_\_\_