



SURVEY SUBMISSION EXTENSION REQUEST

Facility Name: _____ City: _____

Facility Number (3 digit): _____ Date of Request: _____

Request for extension

- 2011 Annual Survey
- 2011 Personnel Survey
- 2011 Fiscal Survey
- 2011 Uncompensated Health Care Plan
- 2011 Medicare Cost Report

Reason for extension request- Please explain situation in comments field.

Comments:

Signature of Requesting Party: _____ Title: _____
Date: _____

For WHA Information Center Use Only:

- Approval granted Notice of response given to facility Date: _____
- Approval denied

Signature: _____ Date: _____