

**Withdrawal of Participation in the
Reporting Hospital Quality Data for
Annual Payment Update**

Our hospital is withdrawing from the “Reporting Hospital Quality Data for Annual Payment Update” at this time. Based on this withdrawal, it is our understanding that our hospitals Annual Payment Update will be reduced by 0.4% for the next fiscal year.

Hospital Name: _____

Medicare Provider Number: _____

Street Address: _____

City, State, Zip Code: _____

Hospital CEO (or designee):

Name (please print): _____

Title: _____

Signature: _____

Date Signed: _____