

Partnership Healthplan Managing Pain Safely – Data request

Submission date: [Click here to enter a date.](#)

Site Name	Click here to enter text.	Site NPI	Click here to enter text.
Site Location	Click here to enter text.	PCP	Click here to enter text.
Program for Requested Data	Managing Pain Safely	Requested By	Click here to enter text.
Contact Number	Click here to enter text.	Date Needed	Click here to enter a date.
Fax Number	Click here to enter text.	Start Date*	Click here to enter a date.
E-mail address	Click here to enter text.	End Date*	Click here to enter a date.

*Beginning and end dates need to be specific to the beginning and end of the month for requested time period.

DESCRIPTION OF DATA REQUEST

Please select the reports/data from the drop down menus below:

Report #1	Select a report	County	Select a County
Report #2	Select a report	County	Select a County
Report #3	Select a report	County	Select a County
Report #4	Select a report	County	Select a County
Report #5	Select a report	County	Select a County
Report #6	Select a report	County	Select a County

Please email form to the Managing Pain Safely email: MPS@partnershiphp.org