ESRD Memorandum

MEMO NUMBER: 2X-0XXX-XX

TO: ESRD Executive Directors, ESRD Data Managers, Regional Contracting Officer Representatives

FROM: Name of person who memo is from (Press Shift-Enter to go to the next line for entering Company, Phone Number, Email Address, etc.)

DATE: Month XX, 20XX

SUBJECT: Subject

Please use this paragraph and font format for body text. (Style: Body Text)

Please use these bullets to maintain Section 508 compliance. (If Applicable)

* First bullet (Style: Body Text Bullet)
* Second bullet
* Third bullet

Please use these numbers to maintain Section 508 compliance. (If Applicable)

1. Numbered item 1 (Style: Body Text Number)
2. Numbered item 2
3. Numbered item 3

*The table below is formatted to meet Section 508 requirements. Delete caption and table if not necessary. Always delete this instruction.*

Table 1 - Type caption here

| This row is the header row. | It will repeat as header row at | the top of each page. |
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| Add/delete rows as necessary. This table is designed to prevent rows from breaking across pages. | Add/delete rows as necessary. This table is designed to prevent rows from breaking across pages. | Add/delete rows as necessary. This table is designed to prevent rows from breaking across pages. |
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Should you have any questions or require further clarifications regarding this matter, please contact the QualityNet Help Desk at qnetsupport-esrd@hcqis.org or 1-866-288-8912.