



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

**Department of State Health Services Council Meeting
Wednesday, November 4, 2009
Austin, Texas**

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (*Please list agenda title(s) or number(s)*):

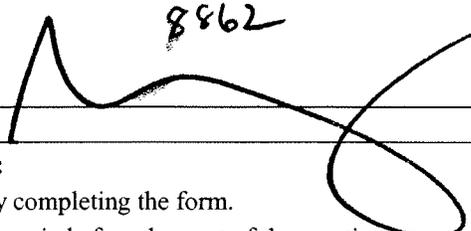
Summary of Comments:

7b

Registrant information:

Please PRINT clearly

NAME:	JEFF BORCZYK		
ADDRESS:	116 Galton Circle		
CITY:	San Antonio	STATE:	TX
ZIP:	78258		
PHONE NUMBER:	210332	REPRESENTING:	Davita

Signature:  Date: 11/4/09

To Comment:

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



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Summary of Comments:

7b

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Jaime Capelo, ADDRESS: 401 W. 15th #870, CITY: Austin, STATE: TX, ZIP: 78701, PHONE NUMBER: (512) 469 9898, REPRESENTING: DaVita

Signature: [Handwritten Signature] Date: 11/4/09

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Summary of Comments:

7b

Registrant information:

Please PRINT clearly

NAME: SUSAN RAULIE		
ADDRESS: 6100 Bandera Rd		
SA		
CITY: SAN ANTONIO	STATE: TX	ZIP: 78253
PHONE NUMBER: 261815-1448 REPRESENTING: Fresenius		

Signature: Susan Raulie

Date: 11/4/09

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7B

Summary of Comments:

Need to encourage a flt ratio of 100/1 for dietitians in ESRD facilities - with new CMS rules workload has significantly increased (assessments, monitoring, patient education) Also over past year ↑ in citations referring to dietitians in ESRD facilities.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: Jane Louis, 2716 Drywood Creek Drive, League City, TX, 77573, (832) 618-4701, ESRD Facility Licensing - Dietitians

Signature: Jane Louis Date: 11/4/09

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Handwritten notes: 76, #10

Summary of Comments:

ESRD - PROPOSED 119.45 (C)(3) pg 55

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER. Handwritten entries include: NAME: BETTY R. SMITH, ADDRESS: 13619 CHARWELL CROSSING, CITY: HOUSTON, STATE: TX, ZIP: 77069, PHONE NUMBER: 281-580-1472.

Signature: Betty R. Smith Date: 11/4/09

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Summary of Comments:

7 d

Registrant information:

Please PRINT clearly

NAME: <i>Bill Hinton</i>		
ADDRESS: <i>P.O. Box 792</i>		
CITY: <i>Hunt</i>	STATE: <i>TX</i>	ZIP: <i>78024</i>
PHONE NUMBER: <i>(832) 238-4691</i> REPRESENTING: <i>Youth Camp Comm. Hc..</i>		

Signature: 

Date: *11/04/09*

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