FAX COVER SHEET

FRESENIUS KIDNEY CARE

Patient Admission Services

To		From	
Name		Name	*Patient Admission Services*
Phone		Phone	*1-866-4Dialysis (1-866-434-2597)*
Fax		Fax	*1-877-699-5524*
Date		Patient	

Helping you get your patients scheduled sooner

We are committed to providing a schedule letter for your patient.* To ensure expedited processing, please ensure that the following is included in the referral documentation.

- **Patient demographics and insurance card,** including legal name, address, date of birth, Social Security number, and employment/retirement
- **Medical information,** including most recent history and physical, current lab reports, medication list, allergy list, vaccinations, and last 3 flow sheets if available, or dialysis orders
- **Hepatitis B status** that includes an HBsAG drawn within the last 30 days

Please complete the Dialysis Admissions Checklist

To assist with placement, complete and include this fax cover sheet when sending patient records. You can also expedite your request by using our online admissions portal, which allows you to seamlessly upload documentation and track the status of your patient in real time.
You can access the portal at: **Admissions.FreseniusKidneyCare.com**.

Thank you for choosing Fresenius Kidney Care. We look forward to serving your patient.

*All materials must be provided to receive medical clearance. A schedule letter does not confirm medical clearance and could take longer than expected if there are delays in submitting any of the essential documents.

Please use this page as your fax cover sheet.

FRESENIUS KIDNEY CARE

Patient Admission Services

P: 1-866-4Dialysis / **F:** 1-877-699-5524
Admissions.FreseniusKidneyCare.com

Dialysis Admissions Checklist

Fresenius Kidney Care is contracted with most major insurance providers.

Patient name		Estimated start date	
Patient cell phone		Medicare/insurance ID	
Patient email address		VA benefits primary	
Patient preferred contact method		Referring institution	
Nephrologist		Contact name/title	
Nephrologist phone		Contact phone	
Requested center		Contact fax	
First date of dialysis		Contact email address	

We require the following information for this patient

Diagnosis
- ☐ End Stage Renal Disease (ESRD—Stage 5 Chronic Kidney Disease)
- ☐ Acute Renal Failure (Patient expected to regain function)

Modality
- ☐ Hemodialysis ☐ Home Hemodialysis
- ☐ Peritoneal Dialysis

Access type
- ☐ CVC ☐ PD/Cath ☐ Fistula
- ☐ Graft ☐ Other _____

Patient discharged to
- ☐ Home ☐ SNF/Hospice/Homeless
- ☐ Other _____

Schedule Preference
- ☐ MWF ☐ TTS
- ☐ Morning / Midday
- ☐ Afternoon / Evening

Is the patient

A current or previous outpatient dialysis recipient?
☐ No ☐ Yes ☐ Unknown

Trach or vent dependent?
☐ No ☐ Yes ☐ Unknown

If yes, suctioning required during dialysis?
☐ No ☐ Yes

Using a LifeVest or LVAD?
☐ No ☐ Yes ☐ Unknown

Hepatitis B surface antigen positive?
☐ No ☐ Yes ☐ Unknown

Receiving continuous medication by infusion pump?
☐ No ☐ Yes ☐ Unknown

Has the patient tested positive (+) for COVID-19 in the last 10 days?
☐ No ☐ Yes ☐ Unknown

Able to sit in a standard dialysis chair? If not, please specify.
☐ No _____
☐ Yes ☐ Unknown

Able to sign their own consents?
☐ No ☐ Yes

Ambulatory?
☐ No ☐ Yes

If not, please specify
☐ Stretcher ☐ Wheelchair
☐ Walker ☐ Cane

Over 300 pounds and in need of a special chair for dialysis?
☐ No ☐ Yes

To begin the medical clearance process and obtain a confirmed appointment, you must provide the following*:

- Patient demographics and insurance card, including legal name, address, date of birth, Social Security number, and employment/ retirement
- Medical information, including most recent history and physical, current lab reports, medication list, allergy list, vaccinations, and last 3 flow sheets if available, or dialysis orders
- Hepatitis B status that includes an HBsAG drawn within the last 30 days

* Due to regional nuances and regulations, additional records may be requested.

Does the patient require isolation due to an infection with Candida Auris, VRE, C. Diff, or other multidrug-resistant organism?
☐ No ☐ Yes ☐ Unknown

Call 1-866-434-2597 with any questions or concerns regarding the placement of this patient.