

# Fresenius Kidney Care Transplant Referral Packet Features

The Fresenius Kidney Care referral packet contains a complete referral in a 10–15-page PDF that can be sent to the center directly or transmitted using referral platforms. The referral contains essential and accurate demographic, clinical, psychosocial, financial, and insurance information.


Below are features of the packet that will be beneficial to your workflow. If you have any feedback, questions, or concerns, please email [transplant@freseniusmedicalcare.com](mailto:transplant@freseniusmedicalcare.com).

## Role Based Sections

Curated information clusters by role, so that you can fast-forward to what's relevant to your context.

1. Intake Coordinator
2. Triage RN
3. Dietitian
4. Social Worker
5. Financial Coordinator

Simulated Data


www.freseniusmedicalcare.com

<b>TO:</b> NCMH - University of North Carolina 📞 (984) 974-0888	<b>FROM:</b> Mapperton, Anna 3252 Carolina Dialysis 76 Old Rock Springs Cemetery Rd Pittsboro, North Carolina 27312 📞 (919) 545-0019 📠 (919) 545-2919
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NEW TRANSPLANT REFERRAL

**REFERRAL DATE** 02/02/2023

**PATIENT** **Romero, Arturo 'Jay'** (He/Him)  
Last Name, First Name 'Preferred Name' (pronouns)

**CONTENTS**

- 1. Patient Profile**
  - Demographics
  - Referral Type
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  - Communication Preferences
- 2. Medical History, Clinical & Laboratory Data**
  - Primary Cause of ESRD
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  - Suitability Screening Criteria
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  - Allergies
  - Adherence
  - Infections
  - Vaccinations
  - Hospitalizations
  - Comorbid Diagnoses
  - Labs
  - Medications
- 3. Psychosocial Assessment**
  - Cognitive Status
  - Employment History
  - Mental Health
  - Patient Concerns
  - Support Systems
- 4. Insurance Information**
- 5. History & Physical or equivalent**
- 6. 2728 (Signed)**

This document contains Protected Health Information. It must be safeguarded and used internally in accordance with the Fresenius Medical Care North America Privacy policies and procedures. It may only be disclosed to parties outside of Fresenius Medical Care North America as permitted by such policies and procedures. Receiving parties must safeguard protected health information according to federal and state law.

### Chart Creation

Everything you need to create a new chart is contained in one area.

### Communication

Prepares you for when the patient does arrive to your center as well as any communication barriers that may be present.

Simulated Data



**Transplant Referral**

**DIALYSIS CLINIC**  
 3252 CAROLINA DIALYSIS - PITTSBORO  
 ☎ (919) 545-0019 📠 (919) 545-2919

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**PATIENT**  
**Romero, Arturo 'Jay'** (He/Him)

DOB 02/02/1984, 39 y.o.    SSN 465-543-4194    Sex at Birth Male    Referral Date 02/02/2023

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1234 WASHINGTON ROW, PITTSBORO, NC 27519		Black or African American;White	<b>Transplant Type</b>	KIDNEY PANCREAS
<b>Mailing Address</b>		<b>Race</b>	<b>Living Donor</b>	NOT YET
(919) 665-5091	(919) 222-2221	Hispanic or Latino	<b>Referral Source</b>	PROVIDER
<b>Preferred Phone</b>	<b>Alternate Phone</b>	<b>Ethnicity</b>		

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**COMMUNICATION**

<b>Dialysis Modality</b> HHD	<b>Pronouns</b> he/him	<b>Gender Identity</b> Male
<b>Dialysis Schedule</b> M T W T F S S ○ ● ○ ● ○ ● ○	<b>Primary Language</b> Spanish	<b>Interpreter Needed</b> YES
<b>Start Time</b> 10:15	<b>End Time</b> 14:15	<b>Audio, Visual Devices</b> Hearing aide

**Communication Barriers**

Patient has a diagnosis of ADHD, which can impact his ability to focus and retain information. He also has a language barrier and is more comfortable communicating in Spanish. It is important to note that extra support and accommodations may be necessary to ensure that the patient fully understands the information and instructions related to their transplant evaluation and post-transplant care.

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**FRESENIUS CARE TEAM**

<b>Social Worker</b>	Anna Mapperton	☎ (570) 740-1234    📠 (570) 740-4825 ✉ anna.mapperton@freseniusmedicalcare.com
<b>Nephrologist</b>	Dr. Kevin M. Koshy, MD NPI 1234567890	☎ (987) 740-1234    📠 (987) 740-4887 ✉ kevin.koshy@freseniusmedicalcare.com
<b>Dietitian</b>	Aishwarya Kura	☎ (343) 440-1234    📠 (570) 740-4825 ✉ aishwarya_kura@persistent.com

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### Biopsy Omission

We understand the desire for biopsies, but Fresenius Kidney Care does not have that on file. If needed, we are happy to work with you to obtain it from the patient's nephrologist if available.

### Sustainability Screening Criteria

Screening section highlights relevant issues up-front. EPTS (Estimated Post Transplant Survival score) help you risk stratify.

Simulated Data



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**PRIMARY CAUSE OF RENAL FAILURE**  
 I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

**SUITABILITY SCREENING CRITERIA**

Active Diagnoses

TB Skin Test Negative	Malignancy No	Mental Health Yes	Dementia No
HIV Status Negative	Substance Use No	Nicotine No	

**ALLERGIES**

Allergen	Reaction / Severity
Iodinated Contrast Media	Anaphylaxis Severe
Penicillins	Hives / Mild
Penicillins	Flushing (Skin Rush) / Mild
Valtrex	Breathing Problems / Severe

**INFECTIONS**

Active & Past (Last 2 Years)	Start Date	Status
CVCatheter Exit Site	12/12/2021	Active
Peritonitis	10/11/2021	Resolved
AVFistula (LASI)	06/02/2021	Resolved
Bloodstream Infection (BSI)	05/22/2021	Resolved
Peritonitis	03/11/2021	Resolved

**VITAL SIGNS**

BP 141/76  
 Pulse 80  
 Post Weight 71.8 kg  
 EDW 71.5 kg  
 Height 172 CM

**RISK SCORES**

BMI 24.74  
 EPTS 84%  
 PORT 12

**ADHERENCE**  
 Last 6mo Treatments

Missed 4  
 Shortened 4

**ADVANCED DIRECTIVE IN-PLACE**  
 Living Will;  
 Durable Power of Attorney for Healthcare;  
 Healthcare Proxy


**RESUSCITATION STATUS**  
 Full Code

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Concise & Actionable  
Relevant labs in one location with  
data trending.

Simulated Data


**FRESENIUS  
KIDNEY CARE**

**Transplant Referral**

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**LABORATORY DATA**

<b>A1C (mcl)</b>	-	10.20	13.20	10.10	-	6.80
		3/20/22	2/20/22	12/15/21		10/15/21
<b>Albumin (dL)</b>	4.9	4.6	4.8	4.6	4.7	5.1
	4/26/22	3/20/22	4/24/22	3/30/22	3/25/22	3/21/22
<b>Albumin (dL)</b>	3.0					
<b>Lowest value in last 12 months</b>	1/29/22					
<b>Bicarbonate (L)</b>	22	21	24	22	25	-
	3/31/22	3/20/22	3/01/22	1/20/22	11/16/21	
<b>BUN (dL)</b>	11	10	11	-	-	-
	4/22/22	3/20/22	2/20/22			
<b>Calcium (dL)</b>	9.2	9.4	10.0	-	-	-
	4/22/22	3/20/22	2/20/22			
<b>Calcium, Total (dL)</b>	8.8	9.2	9.8	-	-	-
	4/22/22	3/20/22	2/20/22			
<b>Creatinine (dL)</b>	4.1	3.2	3.8	-	-	-
	4/22/22	3/20/22	3/11/22			
<b>ekdrt/V (mL/min)</b>	-	1.2	-	-	1.2	-
		3/20/22			11/16/21	
<b>ekt/V (Tattersall) (mL/min)</b>	-	1.2	-	-	1.2	-
		3/20/22			11/16/21	
<b>Ferritin (ng/mL)</b>	130	130	140	90	-	-
	4/30/22	3/20/22	2/20/22	1/22/22		
<b>GFR</b>	7.4	7.2	-	-	7	-
	4/22/22	3/20/22			11/16/21	
<b>Glucose (mg/dL)</b>	120	135	-	-	110	-
	3/15/22	3/20/22			11/16/21	
<b>Hematocrit (%)</b>	38.8	39.1	40.7	38.2	-	-
	4/30/22	3/20/22	2/20/22	1/22/22		
<b>Hemoglobin (g/dL)</b>	15.2	14.5	-	14	-	-
	4/30/22	3/20/22		1/22/22		
<b>Hemoglobin A1C (%)</b>	5.9	-	-	-	6.2	6.8
	4/04/22				2/05/22	12/15/22
<b>HGB (ng/mL)</b>	16	14.5	-	-	-	-
	3/18/22	3/20/22				
<b>PD Kt/V (mg/dL)</b>	3.2	3.4	3.9	4.1	-	-
<b>Residual + Dialysate</b>	4/22/22	3/20/22	2/20/22	12/15/21		
<b>Potassium (platelets/mcl)</b>	6.1	5.8	-	-	-	-
	3/18/22	3/20/22				

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### Active Comorbid Diagnosis

If you see a screening flag, this can be your next step as a launch point for searching the HIE (Health Information Exchange). It can also help your team quickly code complexity for risk adjustment models.

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ACTIVE COMORBID DIAGNOSES			
Start Date	End Date	Code	Problem
11/17/22	--	I50.22	Chronic systolic (congestive) heart failure
10/17/22	--	E78.5	Hyperlipidemia, unspecified
03/24/22	--	I12.0	Hypersensitive chronic kidney disease with stage 5 chronic kidney disease or...
03/24/21	--	R52	Pain, unspecified
03/15/21	--	M15.0	Primary generalized (osteo)arthritis
01/27/21	--	E87.8	Other disorders of electrolyte and fluid balance, not elsewhere classified
01/27/21	--	E83.50	Unspecified disorder of calcium metabolism
01/19/21	--	E87.5	Hyperkalemia
01/12/21	--	E63.1	Imbalance of constituents of food intake
12/07/20	--	D63.1	Anemia in chronic kidney disease
12/07/20	--	E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disea...
12/07/20	--	D68.9	Coagulation defect, unspecified
12/07/20	--	N18.6	End stage renal disease
12/02/20	--	D50.9	Iron deficiency anemia, unspecified
12/02/20	--	N25.81	Secondary hyperparathyroidism of renal origin

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### Medication Behaviors

View what a patient is managing on their own, medications given during dialysis treatments, and medications are administered for chronic health issues. Cross-reference with labs or other data points to infer adherence and need.

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**TREATMENT MEDICATION LIST**

Medication	Dose	Route	Frequency	Start Date	End Date
Acetaminophen	650 mg	ORAL	During Dialysis PRN every 4 hours	02/08/21	12/31/22
Clonidine HCl	0.1 mg	ORAL	During Dialysis PRN may repeat x1	02/08/21	12/31/22
albuterol HFA	50 mL	IVP	3 or 4 times per day as needed	02/08/21	12/31/22
Diphenhydramine	25 mg	ORAL	During Dialysis PRN	03/18/21	06/18/21
Iron Sucrose (Venofer)	50 mg	IVP	During Dialysis 1X Week x 365 Days	01/05/21	-
Sodium Chloride (0.9%)	2.5 mg	IV	PRN	01/18/21	-

**HOME MEDICATION LIST**

Medication	Dose	Route	Frequency	Start Date	End Date
Acetaminophen	650 mg	ORAL	As needed	02/08/21	12/31/22
Albuterol HFA	2.5 mg	nebulizer	3 or 4 times per day as needed	12/24/10	12/31/22
Atorvastatin	40 mg	ORAL	1 tablet once a day	01/18/21	02/23/22
Insulin Glagine	28 u	SubQ	daily	06/05/13	-
metformin	1000 mg	ORAL	daily	07/14/13	-
Carvedilol	12.5 mg	ORAL	1 tablet twice a day	02/09/21	02/23/22
chlorthalidone	25 mg	ORAL	1 tablet twice a day	04/21/21	04/21/22
losartan	100 mg	ORAL	1 tablet daily	04/21/21	04/21/22
Omeprazole	40 mg	ORAL	1 tablet once a day	02/09/21	02/23/22
Famotidine	20 mg	ORAL	1 tablet once a day	02/09/21	02/23/22
Folic Acid Vit B6, B12	-	ORAL	1 tablet once a day	02/02/20	-
Vit C	500 mg	ORAL	1 tablet once a day	02/02/20	-
Prozac (fluoxetine)	20 mg	ORAL	1 capsule once a day	06/02/21	06/02/22
Senna Laxative	8.9 mg	ORAL	2 capsule once a day/bedtime	02/02/21	02/02/23


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## Support Systems

You can review a patient's different support systems in a centralized location.

Level of assistance is also indication for daily tasks.

Simulated Data



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KIDNEY CARE** | Transplant Referral

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DOB 02/02/1984, 39 y.o.    SSN 465-543-4194    Sex at Birth Male    Referral Date 02/02/2023

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**COGNITIVE STATUS**

**Problems with Memory**    Yes. Patient reports forget things more often; forgets important events such as appointments or social engagements; he sometimes loses his train of thought or the thread during conversations.

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**Cognition Changes (Last 6 months)**    He feel increasingly overwhelmed by making decisions, planning steps to accomplish a task or understanding instructions; starts to have trouble finding a way around familiar environments & becomes more impulsive. Patient shows increasingly poor judgment according to caregiver. Caregiver identified that family and friends notice some of these changes.

**MENTAL HEALTH**

**Depression Screening Score (PHQ-2) 3 or higher**  
07/17/22    YES

**Depression Screening Score (PHQ-9)**  
05/07/22    14

**Dementia**  
05/07/22    No

---

**SUPPORT SYSTEMS**

**Family Composition**    The pt. has limited supports; he has a granddaughter who is available to help in an emergency. This LICSW is attempting to search for more

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**Who does patient rely on for emotional support?**    Patient has significant relationship with family friend and church congregation.

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**Coping Skills**    Patient goes to church regularly; enjoys walking in the neighborhood to help relieve stress

---

**Housing Type**    Patient lives in a single family home

**LEVEL OF ASSISTANCE**

Requires some assistance.

**Needs Assistance With**

Bathing

Feeding

Dressing

Meal Preparation

Toileting

Medication Management

Managing Medical Appointments

Managing Finances

Laundry

Shopping

Housekeeping


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## Validated Insurance Details

The latest insurance information will be sent along with images of insurance card if applicable.

Simulated Data



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**EMPLOYMENT**

**Employment Status**    On disability due to renal failure    Apr 2019

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**Occupational History**    Patient worked as a UPS delivery driver for 10 years. Employment terminated 4/2019 due to disability.  
 Patient was in the military from 2003-2008.

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**PATIENT/CAREGIVER CONCERNS**


<input checked="" type="checkbox"/> Adjustment to dialysis	<input type="checkbox"/> Legal	<input type="checkbox"/> Stressors related to own medical issues
<input type="checkbox"/> Adjustment in relationship	<input type="checkbox"/> Utilities	<input type="checkbox"/> Stressors related to family member medical issues
<input type="checkbox"/> Income	<input checked="" type="checkbox"/> Housing/mortgage/rent	<input type="checkbox"/> Other
<input type="checkbox"/> Access to food	<input type="checkbox"/> Transplant concerns	
<input checked="" type="checkbox"/> Access to medication		

**Description**    Patient crashed into dialysis in 2020 and has not yet adjusted. He feels that he is so much younger than the other patients and feels out of place at the center. Patient has limited funds for medication and reports that he often prioritizes which medications he can have filled if he cannot afford them all. Patient has been counseled on the importance of taking all medications. LSW working with patient on prescription subsidies with manufacturers. Patient noted that the rent for his house has recently gone up. Discussed with patient potentially looking for another home.

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**INSURANCE**

<b>Payer</b> Primary-UNITED HLHCARE INC	<b>Plan</b> UNITED HC DUAL - MHMO	<b>Group #</b> WADSNPQ	<b>Policy</b> 1234567890 01	<b>Verified</b> Yes
<b>Subscriber Name</b> John, Smith	<b>Subscriber Type</b> Person	<b>Relationship</b> Self	<b>TPA Code</b> Non-EGHP	<b>Start Date</b> --
<b>End Date</b> --				
<b>Payer</b> SecondaryUNITED HLHCARE INC	<b>Plan</b> UNITED HC SINGLE - **HMO	<b>Group #</b> S*ADSNPQ	<b>Policy</b> 1234567890 01	<b>Verified</b> Yes
<b>Subscriber Name</b> John, Smith	<b>Subscriber Type</b> Person	<b>Relationship</b> Self	<b>TPA Code</b> Non-EGHP	<b>Start Date</b> --
<b>End Date</b> --				



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**INSURANCE CARDS**

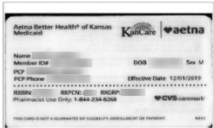
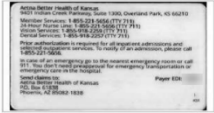
**INPUT DATA**

MRN:  
Clinic ID:                    6334

---

**CAPTURED DATA**

Member ID:  
Member First Name:  
Member Last Name:  
Plan Provider:            Aetna  
Plan Type:  
Payer ID:  
Effective Date:            12/01/2019  
Expiration Date:  
CoPay:  
Deductible:  
Network:  
Employer:  
Group Name:  
Address:                    1234 Washington ROW,  
City:                         PITTSBORO  
State:                        NC  
Zip:                         27519  
Provider Ph #:

Scan Date and Time:    03/18/2021 09:56                    Scan Location: 6334 - SALINA

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### History & Physical (H&P)

A recent (<12mo) H&P or Hospital Discharge Summary will be attached. If one does not exist, a Transplant Clinical Summary will be provided.

Simulated Data

**Clinical Transplant Summary**

**Date:** 3/20/2023

**Patient Last, First Name:** [REDACTED]      **DOB:** 4/12/[REDACTED]

**Treatment Information and complications:** Home hemodialysis patient using NxStage with PureFlow 5 x week using above elbow-left AV Fistula. Began dialysis 9/17/2018.

**Kidney Biopsy and Date:** Ultrasound of kidneys/bladder 2/2019

1. **Diagnosis List and Dates if available**
  - A. **Cause of ESRD:** Type 1 Diabetes Mellitus
  - B. **Diabetes and medications, last HgA1c & date, complications from diabetes-neuropathy, retinopathy, gastroparesis, etc.:** No longer takes insulin. HgA1c results unavailable.
  - C. **Hypertension: # medications and controlled:** Chronically low BP, on Midodrine PRN.
  - D. **Hyperlipidemia:** No medications noted in Med-eRx.
  - E. **Cardiovascular:** No information found,
  - F. **Other Diagnosis:** Low Potassium, Takes KCL 10 eq post dialysis,
  - G. **If Cancer diagnosis: details on treatment** N/A
  - H. **If patient is on supplemental oxygen, dental exam.** No supporting documentation found.
2. **Family History:** Not identified
3. **Last hospitalizations, dates, and reason(s):** Bariatric surgery June 2022
4. **Tests/Procedures/Surgeries and Dates (echo, chest x-ray, cardiac stress test, ETT, electrocardiogram, cancer screening, cardiac catheter, recent PAP, Mammogram, colonoscopy, level of exercise limitations):** Exercising 3 x weekly.
5. **Transplant education, consent, and date of referral:** 2/10/2023
6. **Transplant history, if known:** N/A
7. **Anticoagulants and history of clotting:** N/A
8. **Chronic infections, active or in remission:** N/A
9. **Blood type/transfusion history:** Unknown, no supporting documents.
10. **Other:** Hx of Parathyroidectomy

Revision: 01/06/2023  
Selena M Frazier | [SCHOOL]



Signed 2728

A signed 2728 form is included with every packet. This also indicates the date of a patient's first dialysis treatment.

**SAMPLE - FOR TEST PURPOSE ONLY**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved  
OMB No. 0938-0046

**END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT  
MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION**

**A. COMPLETE FOR ALL ESRD PATIENTS** Check one:  Initial  Re-entitlement  Supplemental

1. Name (Last, First, Middle Initial)  
**Romero, Arturo 'Jay'**

2. Medicare Beneficiary Identifier or Social Security Number

3. Date of Birth (mm/dd/yyyy)  
**02/02/1984**

4. Patient Mailing Address (Include City, State and Zip)  
**1234 WASHINGTON ROW, PITTSBORO, NC 27519**

5. Phone Number (including area code)

6. Sex  Male  Female 7. Ethnicity  Hispanic or Latino (Complete Item 9)

8. Country/Area of Origin or Ancestry  
**Cuba**

9. Race (Check all that apply)  
 White  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander\*  
 American Indian/Alaska Native  Other

10. Is patient applying for ESRD Medicare coverage?  Yes  No

11. Current Medical Coverage (Check all that apply)  
 Medicaid  Medicare  Employer Group Health Insurance  
 VA  Medicare Advantage  Other  None

12. Height (INCHES \_\_\_ OR CENTIMETERS \_\_\_)

13. Dry Weight (POUNDS \_\_\_ OR KILOGRAMS **71.5**)

14. Primary Cause of Renal Failure (see code from back of form)  
**112.9**

15. Employment Status (6 mos prior and current status)  
a.  Unemployed  
 Employed Full Time  
 Employed Part Time  
 Homemaker  
 Retired due to Age/Preference  
 Retired (Disability)  
 Medical Leave of Absence  
 Student

16. Co-Morbid Conditions (Check all that apply currently and/or during last 10 years) (See instructions)  
a.  Congestive heart failure  
b.  Atherosclerotic heart disease ASHD  
c.  Other cardiac disease  
d.  Cerebrovascular disease, CVA, TIA\*  
e.  Peripheral vascular disease\*  
f.  History of hypertension  
g.  Amputation  
h.  Diabetes, currently on insulin  
i.  Diabetes, on oral medications  
j.  Diabetes, without medications  
k.  Diabetic retinopathy  
l.  Chronic obstructive pulmonary disease v.  
m.  Tobacco use (current smoker)  
n.  Malignant neoplasm, Cancer  
o.  Toxic nephropathy  
p.  Alcohol dependence  
q.  Drug dependence\*  
r.  Inability to ambulate  
s.  Inability to transfer  
t.  Needs assistance with daily activities  
u.  Institutionalized  
v.  1. Assisted Living  
w.  2. Nursing Home  
x.  3. Other Institution  
y.  Non-renal congenital abnormality  
z.  None

17. Prior to ESRD therapy:  
a. Did patient receive exogenous erythropoietin or equivalent?  Yes  No  Unknown If Yes, answer:  <6 months  6-12 months  >12 months  
b. Was patient under care of a nephrologist?  Yes  No  Unknown If Yes, answer:  <6 months  6-12 months  >12 months  
c. Was patient under care of kidney dietitian?  Yes  No  Unknown If Yes, answer:  <6 months  6-12 months  >12 months  
d. What access was used on first outpatient dialysis:  
If not AVF, then: Is maturing AVF present?  Yes  No  
Is maturing graft present?  Yes  No

18. Laboratory Values Within 45 Days Prior to the Most Recent ESRD Episode. (Lipid Profile within 1 Year of Most Recent ESRD Episode).

LABORATORY TEST	VALUE	DATE	LABORATORY TEST	VALUE	DATE
a.1. Serum Albumin (g/dl)			d. HbA1c		
a.2. Serum Albumin Lower Limit			e. Lipid Profile TC		
a.3. Lab Method Used (BCG or BCP)			LDL		
b. Serum Creatinine (mg/dl)			HDL		
c. Hemoglobin (g/dl)			TG		

**B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT**

19. Name of Dialysis Facility

20. Medicare Provider Number (item 19)

21. Primary Type of Dialysis  
 Hemodialysis (Sessions per week \_\_\_/hours per session \_\_\_)  
 CAPD  CCPD  Other

22. Primary Type of Dialysis

23. Date Patient Started Chronic Dialysis at Current Facility (mm/dd/yyyy)

24. Date Patient Started Chronic Dialysis at Current Facility (mm/dd/yyyy)

25. Has patient been informed of kidney transplant options?  Yes  No

26. If patient NOT informed of transplant options, please check all that apply:  
 Patient declined information  Patient is not eligible medically  
 Patient has not been assessed  Other

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**SAMPLE - FOR TEST PURPOSE ONLY**

C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS

27. Date of Transplant (mm/dd/yyyy)

28. Name of Transplant Hospital

29. Medicare Provider Number for Item 28

Date patient was admitted as an inpatient to a hospital in preparation for, or anticipation of, a kidney transplant prior to the date of actual transplantation.

30. Enter Date (mm/dd/yyyy)

31. Name of Preparation Hospital

32. Medicare Provider number for Item 31

33. Current Status of Transplant functioning, skip items 36 and 37

34. Type of Donor:  
 Functioning  Non-Functioning  Deceased  Living Related  Living Unrelated

35. If Non-Functioning, Date of Return to Regular Dialysis (mm/dd/yyyy)

36. Current Dialysis Treatment Site  
 Home  Dialysis Facility  SNF/Long Term Care Facility

**D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY)**

37. Name of Training Provider

38. Medicare Provider Number of Training Provider (for Item 37)

39. Date Training Began (mm/dd/yyyy)

40. Type of Training  
 Hemodialysis a.  Home b.  In Center  
 CAPD  CCPD  Other

41. This Patient is Expected to Complete (has completed) Training  Yes  No

42. DATE When Patient Completed, or is Expected to Complete, Training (mm/dd/yyyy)

I certify that the above self-dialysis training information is correct and is based on consideration of all pertinent medical, psychological, and sociological factors as reflected in records kept by this training facility.

43. Printed Name and Signature of Physician personally familiar with the patient's training

44. UPIN or NPI of Physician in Item 43

a.) Printed Name

b.) Signature

c.) Date (mm/dd/yyyy)

**E. PHYSICIAN IDENTIFICATION**

45. Attending Physician (Print)

46. Physician's Phone No (include Area Code)

47. UPIN or NPI of Physician in Item 45

information may subject me to fine, imprisonment, civil penalty, or other civil sanctions under applicable Federal laws.

I certify, under penalty of perjury, that the information on this form is correct to the best of my knowledge and belief. Based on diagnostic tests and laboratory findings, I further certify that this patient has reached the stage of renal impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplant to maintain life. I understand that this information is intended for

48. *Rubin M. Kirby* **PHYSICIAN ATTESTATION** **6/20/2020**  
Attending Physician's Signature of Attestation (Same as Item 45)

49. Date (mm/dd/yyyy)  
**6/20/2020**

50. Physician Recertification Signature

51. Date (mm/dd/yyyy)

52. Remarks

*Jay Romero (Arturo)*

**F. OBTAIN SIGNATURE FROM PATIENT**

I hereby authorize any physician, hospital, agency, or other organization to disclose any medical records or other information about my medical condition to the Department of Health and Human Services for purposes of reviewing my application for Medicare entitlement. Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches, or maintenance of health. Additional disclosures may be found in the Federal Register notice cited above. You should be aware that P.L. 100-503, the organization, or the restoration may be given to a congressional office in response to an inquiry from the congressional office made at the request of the individual.

**G. PRIVACY STATEMENT**

This information is collected, used, and disclosed in accordance with the privacy provisions of the law. The information will be maintained in system No. 09-700520, and is subject to the privacy provisions of the law. The information will be maintained in system No. 09-700520, and is subject to the privacy provisions of the law. The information will be maintained in system No. 09-700520, and is subject to the privacy provisions of the law. The information will be maintained in system No. 09-700520, and is subject to the privacy provisions of the law.

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