

List of Displaced Patients Due to Emergency, Evacuation, or Natural Disaster

ESRD Network 4 and CMS recognizes in this difficult time as individuals are being moved away from their homes that one of the most critical issues is getting care to those in need. Identification of these individuals is important to ensure care is received as well as to locate any missing persons. If your facility is treating or providing care for a patient with end-stage renal disease within the states of Pennsylvania and Delaware who has been displaced as a result of an emergency, evacuation or natural disaster, please complete this form and fax it back to the Network 4 office. We ask that you return this form by 1:00 PM EDT on the date that the patient is known to you so we may update our records. Our fax number and contact information are listed at the bottom of this sheet. If you are part of a large dialysis organization (e.g. DaVita, DCI, FMC, Gambro) and you have already forwarded information like this to your regional corporate representative, you do not need to inform the Network office via this form. The information you have already shared with your corporation will be fed down to us through the proper channels. Thank you in advance for your assistance and please contact our office should you have any questions.

UNIT / FACILITY INFORMATION

NAME OF FACILITY	MEDICARE PROVIDER NUMBER OF FACILITY (IF APPLICABLE)
	PHONE NUMBER
PERSON COMPLETING THIS FORM	FAX NUMBER

PATIENT #1, INFORMATION

PATIENT NAME (LAST, FIRST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DATE OF ADMISSION (MM/DD/YYYY)	CURRENT MODALITY	
CONTACT INFORMATION (NAME/ADDRESS OF CURRENT RESIDENCE PLUS PHONE NUMBER)		

PATIENT #2, INFORMATION

PATIENT NAME (LAST, FIRST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DATE OF ADMISSION (MM/DD/YYYY)	CURRENT MODALITY	
CONTACT INFORMATION (NAME/ADDRESS OF CURRENT RESIDENCE PLUS PHONE NUMBER)		

PATIENT #3, INFORMATION

PATIENT NAME (LAST, FIRST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DATE OF ADMISSION (MM/DD/YYYY)	CURRENT MODALITY	
CONTACT INFORMATION (NAME/ADDRESS OF CURRENT RESIDENCE PLUS PHONE NUMBER)		