



Facility Information Form (FIF) - Part I: Operations

Instructions: Please verify all fields. If a field is incorrect, highlight the error and write in the correct information. If a field is missing data, please provide. **PLEASE PRINT CLEARLY.**

Section I: General Information

Provider #:		Legal Name	
Facility Address		Facility NPI #	
		Date Facility Opened	
County		Date Facility Certified	
Phone #	Fax #	Facility Type	Profit Status
Facility Email		Location Type	
Ownership		Managed by	
If facility is Independent, provide facility ownership			

Section II: Services Provided by Facility

Days & Hours of Operations		Facility Services and Practices (Check all that apply) <input type="checkbox"/> In-Center Hemodialysis <input type="checkbox"/> Accepts Pediatrics <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> Accepts Transients <input type="checkbox"/> CAPD <input type="checkbox"/> Isolation Stations <input type="checkbox"/> CCPD <input type="checkbox"/> In-Center Peritoneal Dialysis <input type="checkbox"/> Home IPD <input type="checkbox"/> Practices Dialyzer Reuse <input type="checkbox"/> Nocturnal Dialysis <input type="checkbox"/> Frequent Dialysis at Home <input type="checkbox"/> Transplant <input type="checkbox"/> Frequent Dialysis at Center <input type="checkbox"/> Shift starts after 5pm	
Shifts Per Day -	MWF TThS		
Maximum Patient Capacity During Operating Hours	# of Stations		
# In-Center Patients _____ # Home Patients _____ Total Patients as of 12/31/09 _____			

Section III: Personnel

Medical Director	MD's NPI #
MD's Office Phone: () -	: () -

	Personnel:	Emergency Phone	Email Address
Administrator:			
Changes			
Changes			
Changes			
Alt. Disaster Coordinator:			
Changes:			

	Personnel:	Write New Personnel or Name Correction below:
Social Workers:		
Dietitian:		
Data Contact:		
Vascular Coordinator		
Voting Representative:		
Alt. Voting Representative:		



FIF - Part II: Physician Information

Instructions

Please provide a list of Nephrologist(s), Vascular Radiologist(s), and Vascular Surgeon(s) associated with your facility and include NPI # for billing Medicare Part B.

Information regarding NPI #'s can be found at the following website:

The NPI # is a 10-digit, numeric identification number. The National Provider Identifier (NPI) and Medicare's implementation requirements can be found at <http://www.cms.hhs.gov/NationalProviderStand>.

Provider #: _____

Provider Name: _____



FIF - Part III: EMS Requirements

Instructions

Please verify all questions to make sure the answer is correct. If the answer is incorrect, highlight the error and write in the correct answer, If answer is blank, please provide answer to question.

Requirement

2008 ESRD Conditions for Coverage, V416 states: "Dialysis facility must contact its local disaster management agency at least annually to ensure that such agency is aware of dialysis facility needs in event of an emergency."

In case of an emergency, is your facility willing to operate 24 hours with current staffing?

Yes No

Yes No

5. Does your facility have an on-site emergency generator?

Yes No

Yes No

6. Does your facility have an ability to receive generator power?

7. Name of Electric/Power Company: _____

8. Electric/Power Company: _____

9. Location of Power Switch Box in your facility: _____

10. Does your facility have a back-up source of water:

11. Does your facility have the ability to receive external water supply?

12. Name of Water Company? _____

13. 24 hr emergency phone number: _____

14. Location of Water Intake in your facility: _____

15. Number of days of supplies your facility has on hand during normal course of events: _____

16. Number of days of supplies your facility needs the following:

A. Staff needed to dialyze 100 patients: _____

Please refer to FIF - Part IV: EMS Requirements

Please refer to FIF - Part IV: EMS Requirements

If yes, date Plan was last reviewed/updated: _____

Provider Name & Address,	Hospital Name & Address
Contact's Name: _____	_____
Phone: _____	_____



FIF - Part IV: EMS Requirements

Instructions

complete vendor information section below. EMS Agency will need to have this information to order supplies and have them delivered to your facility, if necessary. Do not update generic supply and medication list.

	<input type="checkbox"/> Supplies	<input type="checkbox"/> Medication	
	<input type="checkbox"/> Supplies	<input type="checkbox"/> Medication	
	<input type="checkbox"/> Supplies	<input type="checkbox"/> Medication	
	<input type="checkbox"/> Supplies	<input type="checkbox"/> Medication	
	<input type="checkbox"/> Supplies	<input type="checkbox"/> Medication	
	<input type="checkbox"/> Supplies	<input type="checkbox"/> Medication	
	<input type="checkbox"/> Supplies	<input type="checkbox"/> Medication	
	<input type="checkbox"/> Supplies	<input type="checkbox"/> Medication	
	<input type="checkbox"/> Supplies	<input type="checkbox"/> Medication	
	<input type="checkbox"/> Supplies	<input type="checkbox"/> Medication	

*Should you require additional room, please feel free to attach another page.

Generic Supply List (for machines and Patient Care):

Bleach	PH Test Strips	Gauze, 2 X 2" Non Sterile
Bloodlines, CombiSets	Plastic Aprons	Gauze, 4 X 4" Sterile, 4 ply
Dialyzer, F16NR	Prime I.V. Administration Set	Lab Coats
Dialyzer, F8	Shoe Covers	Providone Prep Pads
Saline 1000ml	Sissor Line Clamps (blue)	Sharp Containers
Saline 200ml	Tempa*Dots	Syringe, 10cc w/o Needle
0K + 2.5 Cal.	Tranducers Protectors	Syringe, 3cc w/21g X 1"
1cc Syringe, 25g X 5/8" med saver	Vinegar	Catheter Replace Caps
1K + 2.5 Cal.	Alcohol Prep Pads	Face Masks
Bicarb Powder, single treatment	Band Aids	Wash Cloths
Innogrip, Large Latex P.F.	Fistula Needles, 15g	
Innogrip, Medium Latex P.F.	Fistula Needles, 16g	
Innogrip, Small Latex P.F.	Fistula Needles, 17g	

Generic Medication List (medications, acid, bicarb):

Epogen	Atrophin Sulfate	Dextrose Injection
Heparin	Vancomycin	Epinephrine Injection
Gentamicin	Venofer	Lidocaine Injection

Comments: _____

