



CMS 2728 Copy Request Form

- ◆ To request a copy of a CMS-2728, you must fill out this form and fax it to the Data Department at (323) 962-0127. Requests will be processed within 5 business days.
- ◆ Network 18 has copies of CMS-2728 forms only for patients who started dialysis on or after April 1, 1995.
- ◆ Facilities should obtain the CMS-2728 form and all other medical records at the time of inter-facility transfer.

REQUEST BY:

Facility: _____ Provider #: _____
 Name (person filling out the form): _____ Date: _____
 Phone No.: _____ Fax No.: _____

REQUEST CMS-2728 COPY FOR:

Patient's First Name: _____ Patient's Last Name: _____
 Social Security Number: _____ Date of Birth: _____

Patient's First Name: _____ Patient's Last Name: _____
 Social Security Number: _____ Date of Birth: _____

PLEASE NOTE:
 No forms will be provided without a copy of the patient's
 Authorization to Release Records.