



## 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.

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 **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.**