



Forms Request

For additional forms, please check appropriate box, fill in address and fax to the Network at the number listed below.
Your request will be processed once a month, within (5) five days of being received.

✓	Qty.	Form	Description
<input type="checkbox"/>	5	Patient Activity Report Forms (PAR)	White, (8-1/2 x 11 form)
<input type="checkbox"/>	20	CMS-2728	End Stage Renal Disease Medical Evidence Report Medicare Entitlement and/or Patient Registration IMPORTANT: Your <u>primary</u> contact for additional CMS-2728 forms is your facility's local Social Security office. The Network can only provide listed amount.
<input type="checkbox"/>	20	CMS-2746	ESRD Death Notification
<input type="checkbox"/>	15	Life Plans	Note: Network 18 does <u>NOT</u> collect Life Plans.
<input type="checkbox"/>	1 sheet	Address Labels	ESRD Network 18 Address Labels

Please Note

To request ESRD Beneficiary Selection forms (CMS-382-U3) and ask questions Regarding Medicare Beneficiary & Provider Services please contact:
United Government Services
Phone #: (866) 380-4745
Forms also available at: www.ugsmedicare.com

Date: _____

Provider #: _____

Name: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Fax To: (323) 962-2891