

Network 18 Facility Information Form - New Facilities



ESRD ALLIANCE | NETWORK 18

Instructions: Please use this form if you are a new dialysis facility/provider. Complete all known fields and submit the completed form to the Network by fax 888-280-8669 or by email at network18@nw18.esrd.net.

| Primary Contact Name/Title | | Telephone # | Email | |
|---|--|-------------|----------|------|
| | | | | |
| Printed Name of Person Completing this Form | | | Title | |
| | | | | |
| By initialing here, you certify the information provided is true and correct to the best of your knowledge. | | | Initials | Date |
| | | | | |

| FACILITY DEMOGRAPHICS | |
|--|---------------|
| Facility/Provider Legal Name | |
| Facility/Provider Doing Business As (DBA) Name: (Same as Legal Name <input type="checkbox"/>) | |
| Facility CMS Certification Number (CCN) <i>(If not certified, enter "pending")</i> | Facility NPI# |
| Telephone # | Fax # |

| PHYSICAL ADDRESS | | | MAILING ADDRESS (Same as Physical Address <input type="checkbox"/>) | | |
|------------------|-------|----------|--|-------|----------|
| Street | | | Street | | |
| City | State | Zip Code | City | State | Zip Code |
| County | | | County | | |

| FACILITY DETAILS | | | | |
|-------------------------------------|--|---|-------------------------------------|---|
| Program Type | Provider Use Type | Location Type | Profit Status | Facility Status: Open |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Pending Certification | <input type="checkbox"/> Hospital Based | <input type="checkbox"/> Profit | <input type="checkbox"/> Yes Date Opened: _____ |
| <input type="checkbox"/> Transplant | <input type="checkbox"/> Medicare | <input type="checkbox"/> Free-Standing | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> No Approximate Opening Date: _____ |
| | <input type="checkbox"/> VA | <input type="checkbox"/> Satellite | | |

| OWNERSHIP/MANAGEMENT AFFILIATIONS | |
|-----------------------------------|------------|
| Owned By | |
| Other Owner | Managed By |
| | |

ESRD HealthInsight ESRD Network 18

700 N Brand Blvd., Suite 405, Glendale, CA 91203

Phone: 888-268-1539 | Fax: 888-280-8669 | www.esrdnetwork18.org

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SERVICES AND CERTIFICATION INFORMATION: CERTIFICATION TYPE

| | | |
|--|--|---|
| <input type="checkbox"/> Dialysis Center | <input type="checkbox"/> Dialysis Facility: Hospital | <input type="checkbox"/> Transplant and Dialysis Center |
| <input type="checkbox"/> Inpatient Care Only | <input type="checkbox"/> Dialysis Facility: Non-Hospital | <input type="checkbox"/> Transplant Center |

SERVICES AND CERTIFICATION INFORMATION: STATION INFORMATION

| | | |
|---------------------|---------------------|---------------------------|
| Certified Stations: | Isolation Stations: | Total Stations Available: |
|---------------------|---------------------|---------------------------|

MEDICARE CERTIFIED SERVICES OFFERED (Select all that apply)

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Hemodialysis | <input type="checkbox"/> Home Support (HD) | <input type="checkbox"/> Home Support (PD) | <input type="checkbox"/> Home Training (HD) |
| <input type="checkbox"/> Home Training (PD) | <input type="checkbox"/> Peritoneal Dialysis | <input type="checkbox"/> Transplantation | |

ADDITIONAL SERVICES OFFERED – NON-MEDICARE (Select all that apply)

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Accepts Pediatrics | <input type="checkbox"/> Accepts Transients | <input type="checkbox"/> CAPD | <input type="checkbox"/> CCPD |
| <input type="checkbox"/> Frequent Dialysis at Home | <input type="checkbox"/> Frequent Dialysis In-Center | <input type="checkbox"/> Home IPD | <input type="checkbox"/> In-Center Peritoneal |
| <input type="checkbox"/> Isolation Stations | <input type="checkbox"/> Nocturnal Hemodialysis | <input type="checkbox"/> Practices Dialyzer Reuse | <input type="checkbox"/> Shift starts after 5pm |

| HOURS AND SHIFTS | STATUS | | OPEN TIME | CLOSED TIME | NUMBER OF SHIFTS |
|------------------|---------------------------------|-------------------------------|-----------|-------------|------------------|
| Monday | <input type="checkbox"/> Closed | <input type="checkbox"/> Open | | | |
| Tuesday | <input type="checkbox"/> Closed | <input type="checkbox"/> Open | | | |
| Wednesday | <input type="checkbox"/> Closed | <input type="checkbox"/> Open | | | |
| Thursday | <input type="checkbox"/> Closed | <input type="checkbox"/> Open | | | |
| Friday | <input type="checkbox"/> Closed | <input type="checkbox"/> Open | | | |
| Saturday | <input type="checkbox"/> Closed | <input type="checkbox"/> Open | | | |

Submit this form to the Network by fax or email
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