

Patient Information / 2728 Copy Request Form

Complete this form and fax it to the Data Department at (855) 580-4876 to request one of the following:

- Patient Location
- First Date of Dialysis
- Copy of 2728 Form

The Network can only obtain CMS-2728 forms for patients who started dialysis on or after January 1, 2006. Any 2728 form for patient(s) who started prior to this date cannot be obtained. **Requests will be processed by fax within five (5) business days.**

Facility/Transplant Section: (Please Print Clearly)

Network 18 Section: (For Network Use Only)

Patient Name: _____

Patient DOB: _____

Patient SSN: _____

Copy of 2728 Form

(A copy of the patient's Authorization to Release Records is required. 2728 will not be provided without Authorization form.)

Patient Name: _____

Patient DOB: _____

Patient SSN: _____

Copy of 2728 Form

(A copy of the patient's Authorization to Release Records is required. 2728 will not be provided without Authorization form.)

Patient Name: _____

Patient DOB: _____

Patient SSN: _____

Copy of 2728 Form

(A copy of the patient's Authorization to Release Records is required. 2728 will not be provided without Authorization form.)

Location: _____

Event: _____

Date: _____

First Date of Dialysis: _____

Location: _____

Event: _____

Date: _____

First Date of Dialysis: _____

Location: _____

Event: _____

Date: _____

First Date of Dialysis: _____

 **REQUESTED BY:**

Date: _____

CCN #: _____

Name: _____

Facility Name: _____

Phone #: _____

Fax #: _____

