



# DIALYSIS ADVOCATES

*Assisting Patients and Caregivers For Optimum Treatment Results.*

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Thank you for contacting us. We are here to help with your concerns.

*Dialysis Advocates* is not connected with the RENAL Industry. We do not charge for our service and are not reimbursed by Insurers, State or Government Agencies.

Before we can assist with your concerns, we need to follow the HIPPA requirements for your protection, please follow this guide.

Please look at the attached form (EXAMPLE ONLY) use as a guide to fill in the blank form.

- Fill in the top portion, use the patient name (not who is concerned) DOB.
- We need the clinic name and address along with patient's Nephrologist.
- **CMS-ESRD Network**, phone, and contact,
- Check the boxes in *Care Issues* that are relevant to your issues.
- The release section must be signed and dated by the patient or POA.
- The next section pertaining to emails must be signed, dated, and witnessed.
- After signing fax back to 888-213-5733