

MANDATORY FIELDS

ESRD DEATH NOTIFICATION
END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM

1. Patient's Last Name First MI 2. Medicare Claim Number

3. Patient's Sex a. Male b. Female 4. Date of Birth Month / Day / Year 5. Social Security Number

6. Patient's State of Residence 7. Place of Death a. Hospital b. Dialysis Unit c. Home d. Nursing Home e. Other 8. Date of Death Month / Day / Year

9. Modality at Time of Death a. Incenter Hemodialysis b. Home Hemodialysis c. CAPD d. CCPD e. Transplant f. Other

10. Provider Name and Address (Street) 11. Provider Number

Provider Address (City/State)

12. Causes of Death (enter codes from list on back of form)

a. Primary Cause _ _ _
b. Were there secondary causes?
 No
 Yes, specify: _ _ _ _ _
c. If cause is other (98) please specify: _____

13. Renal replacement therapy discontinued prior to death: Yes No 14. Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?

If yes, check one of the following:
a. Following HD and/or PD access failure
b. Following transplant failure
c. Following chronic failure to thrive
d. Following acute medical complication
e. Other
f. Date of last dialysis treatment ___ / ___ / ___
Month Day Year
 Yes No
 Unknown Not Applicable

15. If deceased ever received a transplant: a. Date of most recent transplant ___ / ___ / ___ Unknown
Month Day Year

b. Type of transplant received
 Living Related Living Unrelated Deceased Unknown
c. Was graft functioning (patient not on dialysis) at time of death?
 Yes No Unknown
d. Did transplant patient resume chronic maintenance dialysis prior to death?
 Yes No Unknown
16. Was patient receiving Hospice care prior to death?
 Yes No
 Unknown

17. Name of Physician (Please print complete name) 18. Signature of Person Completing This Form Date

This report is required by law (42, U.S.C. 426; 20 CFR 405, Section 2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 U.S.C. 5520; 45 CFR Part 5a).