END-STAGE RENAL DISEASE (ESRD) MEDICARE DETERMINATION					ation	2. Filing Date	
					PSC		
3. Name and Address of Claimant					ant's SSN		
				5. Claima	ant's Telenhone	Number	
		Claimant's Telephone Number (Include Area Code)					
6. X-Ref. Holder's Name	e	7. X-Ref. Relationship	8. X-Ref.	SSN			
			·				
9. Date of Birth 10.	Prior Action(s)		11. Concurrent Claim Type	12. RR. In	V	13. Do Code	
A. [Allow C.1. Di			A. Yes			
B. Denial 2. RIB 4. RR Annuitar				A. Yes B. No			
14. DO Name and Addres	SS		15. DO Remarks				
16. DO Telephone No.		147 DO/DO D	ON DOEA)			140 D :	
TO. DO Telephone No.		17. DO/BO Representative (N	UN-DUFA)			18. Date	
19. Type of Action	 		20. Qualifying Period		21 No Waiting Po	eriod Prior Entitlement	
A. Initial	C. Conti	inuing	20. Qualitying renou				
B. RECON	D. Othe	r (Specify)	ТО			ТО	
22. Claimant Medically D	etermined To:		23. CODES		24. Facility App	proved for:	
	tage Renal Disease		A. V1 -Dialysis A			A. Dialysis	
	ourse of Dialysis		B. V3-Transplant		B. Tr	B. Transplant	
C. Require A K	idney Transplant		C. V5-Denial (an	y reason)			
A.1. Be	egan	2. Ended	B. Interrupted		C. Self-D	alysis Began	
			TO				
D		Date	E. Comments		F. Medical Certific	cation of Self-Care Dialysis	
Date Completed Expected to Con			1.			es 2. No	
	te of Hospitalization	B. Date of Actual Transplan	t 27. Referral to Disability	20 Qualifyin	a Pariod Waiwad	20 State Puv in	
	arly Transplant)	b. Date of Actual Transplair	Examiner Self-Dia		g Period Waived 29. State Buy-in ysis		
26. Transplant			A. Yes B. No	,	В. По		
			A. L Yes B. No	A. Yes	B. No	A. Yes B. No	
30. ESRD Continuance Based On:		31. ESRD Cessation		32. Equitable Relief		<u> </u>	
A. Dialysis Date	B. Transplant Date	A. R-HI Termination Date	B. R-SMI Termination Date				
				A. Yes	B. No	C. Developed	
33. Allowance		1	ı	•			
A. Date of Entitlement	1. R-HI	2. R-SMI	B. Ending Date of Entitlement (Closed Period Cases Only)	Date		C. Onset	
34. Disallowance:	•						
54. Disallowance.							
		tified) to Have ESRD or Require Date of Current Determination	D. Claimant Restrict	ted from Entitl	ement by Retroa	activity Limitations	
	ney Transplant Through	Date of Current Determination					
		s Requirement (Including Date of Current Determination	E. Claimant Did Not	t File an Applic	ation (or Protec	tive Statement)	
			_				
C¢laimant Died B	sefore First Possible Mont	th of Entitlement	F. Claimant Ceased (No Self-Care)	Dialysis Befor	e the End of the	Qualifying Period	
35. Development Taken Postadjudicatively(Specify)				37. Notice Into) 3	8. Listing Code	
ш .	, , , , ,	,	,			ŭ	
39. Remarks		L					
40. SSA Representative					I _A	1. Date	
. J. John Hoprosemanive					7	5410	

END-STAGE RENAL DISEASE (ESRD) MEDICARE DETERMINATION					ation	2. Filing Date		
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				5. Claima	ant's Telephone	Number		
					5. Claimant's Telephone Number (Include Area Code)			
6. X-Ref. Holder's Name	e	7. X-Ref. Relationship	8. X-Ref.	SSN				
			·					
9. Date of Birth 10.	Prior Action(s)		11. Concurrent Claim Type	12. RR. In	V	13. Do Code		
A. [Allow C.1. D			A. Yes				
B. [Denial 2. R	IB 4. RR Annuitant		A	B. No			
14. DO Name and Addres	SS		15. DO Remarks					
16. DO Telephone No.		1,- 20,000				lan n		
16. DO Telephone No.		17. DO/BO Representative (N	ON-DOFA)			18. Date		
10 T (A)			20. Qualifying Period		21 No Waiting Pa	eriod Prior Entitlement		
19. Type of Action A. Initial	C. Cont	inuing	20. Qualifying Feriod		21. No Waiting 1	SHOUT HO! ENGINEER		
B. RECON		r (Specify)	ТО			ТО		
22. Claimant Medically D	etermined To:	<u> </u>	23. CODES		24 Facility Apr	4. Facility Approved for:		
	tage Renal Disease		A. V1 -Dialysis A	llowance	A. Dialysis			
	ourse of Dialysis		B. V3-Transplant		B. Transplant			
C. Require A K	idney Transplant		C. V5-Denial (any	y reason)				
A.1. Be	egan	2. Ended	B. Interrupted		C. Self-Di	alysis Began		
25. Didiysis			ТО					
D.		Date	E. Comments		F. Medical Certific	cation of Self-Care Dialysis		
Date Completed Expected to Con					1. Yes 2. No			
				T				
A. Date of Hospitalization B. Date of Actual (Early Transplant)		B. Date of Actual Transplant	t 27. Referral to Disability Examiner		Qualifying Period Waived 29. State Buy-in Self-Dialysis			
26. Transplant					_			
			A. Yes B. No	A. <u>Y</u> es	B. No	A. Yes B. No		
30. ESRD Continuance Based On:		31. ESRD Cessation		32. Equitable Relief				
A. Dialysis Date	B. Transplant Date	A. R-HI Termination Date	B. R-SMI Termination Date					
				A. Yes	B. No	C. Developed		
33. Allowance	L			I				
A. Date of	1. R-HI	2. R-SMI	B. Ending Date of Entitlement (Closed Period Cases Only)	Date		C. Onset		
Entitlement			(Closed Feriod Cases Only)					
34. Disallowance:								
		tified) to Have ESRD or Require Date of Current Determination	D. Claimant Restrict	ted from Entitl	ement by Retroa	activity Limitations		
<u> </u>		s Requirement (Including Date of Current Determination	E. Claimant Did Not	File an Applic	ation (or Protec	tive Statement)		
C. Claimant Died B	defore First Possible Mon	th of Entitlement	F. Claimant Ceased (No Self-Care)	Dialysis Befor	e the End of the	Qualifying Period		
35. Development Ta	ken Postadjudicatively(S	pecify)	36. Diary Date	37. Notice Into) 3	8. Listing Code		
								
39. Remarks			<u>-</u>					
40. SSA Representative					4	1. Date		
,								