

END-STAGE RENAL DISEASE (ESRD) MEDICARE DETERMINATION

3. Name and Address of Claimant						1. Destination <input type="checkbox"/> ODO <input type="checkbox"/> PSC		2. Filing Date				
						4. Claimant's SSN						5. Claimant's Telephone Number (Include Area Code)
6. X-Ref. Holder's Name			7. X-Ref. Relationship									8. X-Ref. SSN
9. Date of Birth		10. Prior Action(s) A. <input type="checkbox"/> Allow C.1. <input type="checkbox"/> DIB 3. <input type="checkbox"/> HI B. <input type="checkbox"/> Denial 2. <input type="checkbox"/> RIB 4. <input type="checkbox"/> RR Annuitant				11. Concurrent Claim Type		12. RR. Inv A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No		13. Do Code		
14. DO Name and Address					15. DO Remarks							
16. DO Telephone No.			17. DO/BO Representative (NON-DOFA)					18. Date				
19. Type of Action A. <input type="checkbox"/> Initial C. <input type="checkbox"/> Continuing B. <input type="checkbox"/> RECON D. <input type="checkbox"/> Other (Specify) _____					20. Qualifying Period TO			21. No Waiting Period Prior Entitlement TO				
22. Claimant Medically Determined To: A. <input type="checkbox"/> Have End-Stage Renal Disease B. <input type="checkbox"/> Require A Course of Dialysis C. <input type="checkbox"/> Require A Kidney Transplant					23. CODES A. <input type="checkbox"/> V1 -Dialysis Allowance B. <input type="checkbox"/> V3-Transplant Allowance C. <input type="checkbox"/> V5-Denial (any reason)			24. Facility Approved for: A. <input type="checkbox"/> Dialysis B. <input type="checkbox"/> Transplant				
25. Dialysis		A.1. Began		2. Ended		B. <input type="checkbox"/> Interrupted TO		C. <input type="checkbox"/> Self-Dialysis Began				
D. <input type="checkbox"/> Date Completed or <input type="checkbox"/> Expected to Complete			Date			E. Comments		F. Medical Certification of Self-Care Dialysis 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
26. Transplant		A. Date of Hospitalization (Early Transplant)		B. Date of Actual Transplant		27. Referral to Disability Examiner A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No		28. Qualifying Period Waived Self-Dialysis A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No		29. State Buy-in A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No		
30. ESRD Continuance Based On: A. Dialysis Date B. Transplant Date			31. ESRD Cessation A. R-HI Termination Date B. R-SMI Termination Date			32. Equitable Relief A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No C. <input type="checkbox"/> Developed						
33. Allowance												
A. Date of Entitlement		1. R-HI		2. R-SMI		B. Ending Date of Entitlement (Closed Period Cases Only)		Date		C. Onset		
34. Disallowance:												
A. <input type="checkbox"/> Claimant Not Medically Determined (Certified) to Have ESRD or Require Dialysis or Kidney Transplant Through Date of Current Determination					D. <input type="checkbox"/> Claimant Restricted from Entitlement by Retroactivity Limitations							
B. <input type="checkbox"/> Claimant Does Not Meet Insured Status Requirement (Including Dependency and Relationship) Through Date of Current Determination					E. <input type="checkbox"/> Claimant Did Not File an Application (or Protective Statement)							
C. <input type="checkbox"/> Claimant Died Before First Possible Month of Entitlement					F. <input type="checkbox"/> Claimant Ceased Dialysis Before the End of the Qualifying Period (No Self-Care)							
35. <input type="checkbox"/> Development Taken Postadjudicatively(Specify)					36. Diary Date		37. Notice Into		38. Listing Code			
39. Remarks												
40. SSA Representative									41. Date			

END-STAGE RENAL DISEASE (ESRD) MEDICARE DETERMINATION

3. Name and Address of Claimant						1. Destination <input type="checkbox"/> ODO <input type="checkbox"/> PSC		2. Filing Date		
						4. Claimant's SSN				
6. X-Ref. Holder's Name			7. X-Ref. Relationship			8. X-Ref. SSN				
9. Date of Birth		10. Prior Action(s) A. <input type="checkbox"/> Allow C.1. <input type="checkbox"/> DIB 3. <input type="checkbox"/> HI B. <input type="checkbox"/> Denial 2. <input type="checkbox"/> RIB 4. <input type="checkbox"/> RR Annuitant			11. Concurrent Claim Type		12. RR. Inv A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No		13. Do Code	
14. DO Name and Address					15. DO Remarks					
16. DO Telephone No.			17. DO/BO Representative (NON-DOFA)				18. Date			
19. Type of Action A. <input type="checkbox"/> Initial C. <input type="checkbox"/> Continuing B. <input type="checkbox"/> RECON D. <input type="checkbox"/> Other (Specify) _____					20. Qualifying Period TO		21. No Waiting Period Prior Entitlement TO			
22. Claimant Medically Determined To: A. <input type="checkbox"/> Have End-Stage Renal Disease B. <input type="checkbox"/> Require A Course of Dialysis C. <input type="checkbox"/> Require A Kidney Transplant					23. CODES A. <input type="checkbox"/> V1 -Dialysis Allowance B. <input type="checkbox"/> V3-Transplant Allowance C. <input type="checkbox"/> V5-Denial (any reason)		24. Facility Approved for: A. <input type="checkbox"/> Dialysis B. <input type="checkbox"/> Transplant			
25. Dialysis		A.1. Began		2. Ended		B. <input type="checkbox"/> Interrupted TO		C. <input type="checkbox"/> Self-Dialysis Began		
D. <input type="checkbox"/> Date Completed or <input type="checkbox"/> Expected to Complete		Date		E. Comments		F. Medical Certification of Self-Care Dialysis 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
26. Transplant		A. Date of Hospitalization (Early Transplant)		B. Date of Actual Transplant		27. Referral to Disability Examiner A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No		28. Qualifying Period Waived Self-Dialysis A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No		29. State Buy-in A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No
30. ESRD Continuance Based On: A. Dialysis Date B. Transplant Date			31. ESRD Cessation A. R-HI Termination Date B. R-SMI Termination Date			32. Equitable Relief A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No C. <input type="checkbox"/> Developed				
33. Allowance A. Date of Entitlement					1. R-HI	2. R-SMI	B. Ending Date of Entitlement (Closed Period Cases Only)		Date	C. Onset
34. Disallowance:										
A. <input type="checkbox"/> Claimant Not Medically Determined (Certified) to Have ESRD or Require Dialysis or Kidney Transplant Through Date of Current Determination					D. <input type="checkbox"/> Claimant Restricted from Entitlement by Retroactivity Limitations					
B. <input type="checkbox"/> Claimant Does Not Meet Insured Status Requirement (Including Dependency and Relationship) Through Date of Current Determination					E. <input type="checkbox"/> Claimant Did Not File an Application (or Protective Statement)					
C. <input type="checkbox"/> Claimant Died Before First Possible Month of Entitlement					F. <input type="checkbox"/> Claimant Ceased Dialysis Before the End of the Qualifying Period (No Self-Care)					
35. <input type="checkbox"/> Development Taken Postadjudicatively(Specify)					36. Diary Date		37. Notice Into		38. Listing Code	
39. Remarks										
40. SSA Representative									41. Date	