

**ESRD BENEFICIARY SELECTION
(Home Patients Only)**

PLEASE READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM

1. NAME (LAST, FIRST, MIDDLE INITIAL)

2. HEALTH INSURANCE CLAIM NUMBER
(MEDICARE CLAIM NUMBER)

3. DATE OF BIRTH

____ MONTH ____ DAY ____ YEAR

4. SEX

___ MALE
___ FEMALE

5. FACILITY PROVIDER NUMBER

6. NAME AND ADDRESS OF DIALYSIS FACILITY

7. BENEFICIARY SELECTION, CHANGE OR CANCELLATION

___ CHECK HERE IF THIS IS THE FIRST TIME THE BENEFICIARY HAS SELECTED A REIMBURSEMENT METHOD

___ CHECK HERE IF THIS IS A CANCELLATION OF METHOD SELECTION

___ CHECK HERE IF THIS IS A ROUTINE METHOD SELECTION CHANGE

___ CHECK HERE IF THIS IS A METHOD EXCEPTION (REFER TO PRM, Part 1-Chap.27, §2740.2.D.)
INTERMEDIARY APPROVAL REQUIRED.

REASON FOR EXCEPTION _____

8. TYPE OF DIALYSIS
(CHECK ONE)

___ HEMO
___ CAPD
___ CCPD
___ PERITONEAL

DATE METHOD SELECTION, CHANGE OR CANCELLATION TO BE EFFECTIVE:

____ MONTH ____ DAY ____ YEAR

(ROUTINE SELECTION CHANGES BECOME EFFECTIVE ON JANUARY 1 OF THE YEAR FOLLOWING THE YEAR IN WHICH THIS FORM IS SIGNED.)

9. CHECK METHOD I OR II

___ METHOD I - ESRD FACILITY WILL SUPPLY ALL THE EQUIPMENT AND SUPPLIES NECESSARY FOR ME TO DIALYZE AT HOME.

___ METHOD II - I WILL DEAL DIRECTLY WITH ONE SUPPLIER FOR MY HOME DIALYSIS SUPPLIES AND EQUIPMENT.

10. IF I HAVE CHOSEN METHOD II, BY THE SIGNATURE, I CERTIFY THAT I HAVE ONLY ONE METHOD II SUPPLIER. FURTHER, I UNDERSTAND THAT IF MY SUPPLIER DOES NOT TAKE ASSIGNMENT, MEDICARE WILL NOT PAY ANYTHING TOWARD MY SUPPLIER'S BILL.

11. BENEFICIARY SIGNATURE

12. DATE

____ MONTH ____ DAY ____ YEAR

12. THE DIALYSIS FACILITY IS RESPONSIBLE FOR SUPPLYING THIS FORM TO MEDICARE BENEFICIARIES UPON REQUEST AND FOR SENDING THE COMPLETED FORM TO THE LOCAL PART A INTERMEDIARY (BOTH METHOD I AND METHOD II SELECTIONS). BLANK FORMS ARE AVAILABLE FROM THE INTERMEDIARY. THE FACILITY MUST SEND THE WHITE COPY OF THIS FORM TO

THE LOCAL INTERMEDIARY
ATTN: MEDICARE PROGRAM ADMINISTRATOR

INSTRUCTIONS FOR COMPLETING THE ESRD BENEFICIARY SELECTION FORM

Centers for Medicare & Medicaid Services regulations provide two (2) ways that a Medicare beneficiary dialyzing at home can choose to have the Medicare program pay for his/her dialysis care (exclusive of physician services.) The purpose of the Beneficiary Selection form is for you, the beneficiary, to select the method that best suits your requirements. It is important you choose one of these two methods, complete and sign the form and return it to the dialysis facility that supervises your care as soon as possible. You must complete all sections of this form.

This form is to be filled out only by Medicare beneficiaries dialyzing at home and not by Medicare beneficiaries who are currently dialyzing in a facility.

Your selection of either Method I or Method II in no way inhibits your return to incenter treatment or selection for any other treatment options should that be necessary.

METHOD I – The first method is for your dialysis facility to assume the responsibility for your care. Under this method, the facility is required to provide to you any and all dialysis equipment, supplies and home support services that you need to dialyze at home. It also is required to order, store, deliver, and pay the manufacturers and suppliers for these items. Under this arrangement you are responsible to your dialysis facility for the Medicare Part B deductible and 20% coinsurance.

METHOD II – While your facility is responsible for assuring that you receive all items and services that you require for home dialysis, the second method allows you to deal directly with a single supplier for securing the necessary dialysis equipment and supplies. Then your supplier bills the Medicare program for payment. Under this arrangement, you are responsible to the supplier for the Medicare Part B deductible and 20% coinsurance.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection of 0938-0372. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

METHOD CHANGES – Once you have made your initial selection, your reimbursement must be handled in that manner until December 31 of the year in which you signed the ESRD Beneficiary Selection form. If you wish to continue your initial selection beyond December 31, you do **NOT** complete another ESRD Beneficiary Selection form. You will automatically continue to have your reimbursement handled in the manner you selected. If you do not wish to continue with your initial selection beyond December 31, you **MUST** complete another ESRD Beneficiary Selection form. This subsequent form must be signed, dated and postmarked **PRIOR** to January 1 of the year you wish your selection change to be effective. This is the only way changes are made and this is the only reason you should ever complete more than one ESRD Beneficiary Selection form.

PRIVACY ACT STATEMENT

As required by 5 U.S.C. 552a (the Privacy Act of 1974), you are advised that the Centers for Medicare & Medicaid Services is authorized to collect the data on this form by Section 1881(b)(1) of the Social Security Act and 42 CFR 405.544. The purpose for collecting this information is stated above. Your response to the questions on this form is not required by law. However, if you do not provide this information, requests for end-stage renal dialysis reimbursement may be denied or delayed until it is provided. You should be aware that the information you provide may be verified by a computer match (P.L. 100-503).

Individually identifiable patient information will not be disclosed except as provided for by the Privacy Act.