# Monthly Emergency Dialysis Case Certification

**Certification for emergency outpatient dialysis services for non-United States citizens**

Purpose: This form certifies that the non-United States citizen noted below has met the medical conditions to be eligible to receive outpatient emergency End Stage Renal Disease (ESRD) services through the Federal Emergency Services (FES) program.

Instructions: Please complete this form at the beginning of each month (including the initial month) and retain in the FES recipient's file.

For questions regarding completion of this form, call the Gainwell Technologies Contact Center: (877) 638-3472

| **I am the treating physician for the following non-United States citizen who has been diagnosed with End Stage Renal Disease (ESRD):** | |
|---|---|
| FES Recipient Name: | Date of Birth: |
| FES Recipient's Nevada Medicaid ID: | |
| **PROVIDER INFORMATION** | |
| Provider Name: | NPI: |
| Fax: | Phone: |
| **CERTIFICATION** | |
| It is my opinion that in the absence of the following dialysis treatments per week, the FES recipient's ESRD would reasonably be expected to result in:<br>• Placing the FES recipient's health in serious jeopardy;<br>• Serious impairment of bodily function; or<br>• Serious dysfunction of a bodily organ or part. | |
| It is my opinion that (*FES recipient name*) _____ requires the following number of dialysis treatments per week _____ for the month of _____ . | |
| Name of dialysis facility: | |
| **Provider Signature:** | **Date:** |

*This notification is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying attachments is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication is received in error, the reader shall notify sender immediately and destroy all information received.*