pentec health

REQUEST FOR IDPN/IPN SERVICES

Date of Request _____/_____/_____

IN-CENTER

❒ IDPN 2 in 1
❒ IDPN 3 in 1 w/Lipid

In-Center hemodialysis (Check Two): ❒ M/W/F ❒ T/Th/S Time: _____ am / _____ pm
Requested Infusion Time (Hours): ❒ 2.25 ❒ 2.75 ❒ 3.25 ❒ 3.75

IN-HOME

❒ IPN

Peritoneal Dialysis (Check two): ❒ Baxter ❒ Fresenius ❒ CAPD ❒ CCPD
PD RN Name: _____ Email_____

❒ HHD IDPN 2 in 1
❒ HHD IDPN 3 in 1 with Lipid

Home Hemodialysis (Check two):
Requested Infusion Time (Hours): ❒ 2.0 ❒ 2.5 ❒ 3.0 ❒ 3.5 ❒ 4.0
Treatments per Week: ❒ 3 Times/Wk ❒ 4 Times/Wk ❒ 5 Times/Wk ❒ 6 Times/Wk ❒ 7 Times/Wk

Patient Name:_____
Has therapy been discussed with the patient? ❒ Yes ❒ No May we contact the patient? ❒ Yes ❒ No

Physician Name _____NPI # _____

Dialysis Unit:_____ Contact Name: _____

Unit Address: _____

_____Contact Email: _____

Phone: _____ Fax:_____

Allergies: _____

INSTRUCTIONS

1. Complete Entire Application and Fax Form.
2. Please Fax this Form with Requested Items to: **800-355-1029**

Please Obtain & Provide The Required Items Below And Return With This Form.

REQUIRED DOCUMENTATION

❒ Face Sheet
❒ Routine Monthly Composite Lab Work (Current Month & Previous 2 Months)
❒ Supplements Trialed (Dates & Length of Trial) _____
❒ Nutrition Plan of Care / Progress Note ❒ Height _____ Weight _____ lbs/kgs IBW/DBW _____ lbs/kgs
❒ Weight Loss _____ lbs/kgs over _____ Month(s) **OR** % of Weight Loss over 3 Months _____ 6 Months _____
❒ Date of First Dialysis Treatment _____/_____/_____
❒ Copy of Insurance Card **(front & back)**
❒ Patient Personal Information ❒ Male ❒ Female

If not on Face Sheet please provide:

Patient Address _____ Phone Number _____

_____ _____

If applicable please provide: ❒ Nursing Home Information

Name:_____ Phone Number: _____

Address: _____Admit Date: _____

_____

A Pentec Health Intake Coordinator will notify the Unit Coordinator upon coverage determination. You will be contacted if further information is required

4 Creek Parkway, Boothwyn, PA 19061 Toll Free: (800) 223-4376 Fax: (800) 355-1029