

PATIENT EMERGENCY ASSISTANCE REQUEST

The Patient Emergency Assistance Program of the Tennessee Kidney Foundation provides limited funds to patients for unusual or unexpected expenses that are truly of an emergency nature. These emergency grants may be for any expense related directly or indirectly to the patient's End Stage Renal Disease. Generally, grants under this program are of a "one time only" nature.

To apply, this form should be filled out completely and must be signed by the patient's physician or social worker. The completed form should be sent to the Foundation at the address below. A sub-committee of the Patient Services Committee will then make a decision as promptly as possible and the patient and health professional will be notified.

ALL INFORMATION WILL BE STRICTLY CONFIDENTIAL.

Patient's Name: _____ Age: _____

Street Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Dialysis or Transplant Center & Physician: _____

Street Address: _____ City, State, Zip: _____

Diagnosis: _____

Brief Description of Problem: _____

Action Taken to Date: _____

INFORMATION ATTACHED WITH NAME OF INDIVIDUAL OR BUSINESS CHECK IS TO BE MADE PAYABLE, AND THE ADDRESS TO WHICH IT IS TO BE MAILED.

Amount of Request: _____ What Specific Purpose: _____

Request Approved by: _____

I certify that the information above is correct to the fullest extent of my knowledge, that the above problem is within the scope of the Foundation's emergency assistance program, and that all possible alternative resources for funding have been explored.

Signature of Physician or Social Worker

Please return to:

Tennessee Kidney Foundation
2120 Crestmoor Road
Nashville, TN 37215-2613
Telephone: 615-383-3887 or 1-800-380-3887
Fax: (615) 383-2647 –
Email: info@tennesseekidneyfoundation.org

Date

I give my permission for the unit social worker to release my demographic and medical information to the Tennessee Kidney Foundation

Patient's Signature