



The End Stage  
Renal Disease  
Network Of Texas

**4040 McEwen Suite 350  
Dallas Texas 75244**

[info@nw14.esrd.net](mailto:info@nw14.esrd.net) \* [www.esrdnetwork.org](http://www.esrdnetwork.org)

972-503-3219 Fax

To Whom It May Concern:

The ESRD Network of Texas (#14) welcomes your facility as a new provider of services in the End Stage Renal Disease Program. We look forward to working with closely you in Network activities that collect information and improve care for ESRD patients.

Please complete the attached forms and return them to the Network **at least 6 weeks before DSHS survey** so that we can establish your facility in the National Database and communicate with the correct person(s).

- A biography form for your designated representative to the Network. This person will be the official Facility Representative in any voting that occurs.
- A Roster of Key Personnel. This will allow us to direct information to the appropriate person.
- Print two copies of a sheet titled "Network Information Acknowledgment". Please **return one signed copy** of the form to the Network and retain one for your files. This form states the Goals and Objectives that we will be working with you to achieve.
- Print two copies of the Network Agreement for your new facility. Please **sign both copies and return both copies to the Network**. When all the above has been returned to the Network and determined to be complete, you will receive your signed Network Agreement for your files. The Surveyor from the Texas Department of State Health Services will ask to review this agreement when your initial survey is conducted.

You will receive a Network Notebook including the necessary CMS forms you will need as soon as we receive your completed forms.

After reviewing this material, should you have questions concerning any of the information or if we can be of assistance in any way, please let us know. Network staff are always available to assist you. A listing of staff and their area of work is enclosed to assist you should you need to call or write us.

Again, let me welcome you to the Network.

Sincerely,

*Glenda Harbert*

Glenda Harbert  
Executive Director

## Network Staff Listing

**Glenda Harbert, RN, CNN, CPHQ, Executive Director**

469-916-3801 OR 972-503-3215 Ext. 329

email: [gharbert@nw14.esrd.net](mailto:gharbert@nw14.esrd.net)

- National initiatives or legislation
- Texas Department of Health issues
- Questions about ESRD Network structure and committees/boards
- Questions about other Networks
- Concerns or complaints about Network activities or Network personnel

**Debbie O'Daniel, Office Manager**

469-916-3804 OR 972-503-3215 Ext. 315

email: [dodaniel@nw14.esrd.net](mailto:dodaniel@nw14.esrd.net)

- Will assist anyone with questions/issues not listed on this information sheet
- Accounts Payable/Receivable Issues
- Meeting registration/questions
- Booklet/pamphlet orders
- New Facility Packet

**QI Director**

469-916-3803 OR 972-503-3215 Ext. 314

email:

- Quality Management Tools and Resources
- Network Quality Improvement Projects & data
- Assistance with facility-specific QI Projects/Data
- National & Texas rules, regulations & standards
- Dialysis & transplant resources, opportunities & educational materials for patients & professionals

**Angie Wieler, MSN, RN, CNN, QI Coordinator**

469-916-3806 OR 972-503-3215 Ext. 317

email: [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net)

- Network Quality Improvement Projects & data
- Assistance with facility-specific QI Projects/Data
- National & Texas rules, regulations & standards
- Dialysis & transplant resources, opportunities & educational materials for patients & professionals

**Sherry Green, RN, QI Nurse/Patient Services Advisor**

469-916-3807 OR 972-503-3215 Ext. 323

Email: [sgreen@nw14.esrd.net](mailto:sgreen@nw14.esrd.net)

- Network Quality Improvement Projects & data
- Assistance with facility-specific QI Projects/Data
- National & Texas rules, regulations & standards
- Dialysis & transplant resources, opportunities & educational materials for patients & professionals
- Patient and renal professional concerns/complaints/grievances

**Geli King-Brown, MS, Outreach Coordinator**

469-916-3800 OR 972-503-3215 Ext. 316

email: [gbrown@nw14.esrd.net](mailto:gbrown@nw14.esrd.net)

- Professional & Patient Newsletters
- Dialysis & transplant resources, opportunities & educational materials
- Educational Meetings plus NW Annual Meeting
- Patient Advisory Committee

**John Gowan, Patient Services Coordinator**

469-916-3808 OR 972-503-3215 Ext. 324

email: [jgowan@nw14.esrd.net](mailto:jgowan@nw14.esrd.net)

- Patient and renal professional concerns/complaints/grievances
- Decreasing patient conflict/Involuntary patient discharge
- VocRehab/Advance care planning/End of Life

**Anyone listed below can answer questions concerning:**

- CMS 2728/2746 forms
- Monthly Patient Activity Report (PAR)
- First date of dialysis

**Jennie Conley, Administrative Assistant**

469-916-3805 OR 972-503-3215 Ext. 322

Email: [jconley@nw14.esrd.net](mailto:jconley@nw14.esrd.net)

- ID number request
- Transplant data questions
- Certification/survey questions
- Fistula First report questions and QI educational materials

**Nathan Muzos, Information Management Director**

469-916-3819 OR 972-503-3215 Ext. 312

email: [nmuzos@nw14.esrd.net](mailto:nmuzos@nw14.esrd.net)

- CMS 2744 (Annual Survey) questions
- Gross & Standardized Mortality Rates
- Annual Data Report
- SIMS/VISION & CROWNWeb CAS forms
- Scheduling data orientations for facility staff
- Compliance Reports
- Patient count by zip code

**Casey Contreras, Data Clerk**

469-916-3809 OR 972-503-3215 Ext. 326

email: [ccontreras@nw14.esrd.net](mailto:ccontreras@nw14.esrd.net)

- Missing Forms Report, Quarterly Event Validations, Notification Reports
- CMS 2728 forms/2744 forms
- CROWNWeb

**Doris Wilson, Receptionist/Data Clerk**

469-916-3811 OR 972-503-3215 Ext. 332

email: [dwilson@nw14.esrd.net](mailto:dwilson@nw14.esrd.net)

- To order blank CMS 2728/2746 forms
- HMO Request

**Alonso Martinez, Data Clerk**

469-916-3815 OR 972-503-3215 Ext. 318

email: [amartinez@nw14.esrd.net](mailto:amartinez@nw14.esrd.net)

- ID number request

# 2010 Network Goals & Objectives

## List of Services

*Working to achieve our  
Mission & Vision*



### Our Mission

To support quality dialysis and kidney transplant healthcare through the provision of patient services, education, quality improvement, and information management.

### Our Vision

We will foster a commitment to continued treatment of ESRD patients while preserving a safe environment, provide web-based resources and find ways to decrease facility workload yet still get the information we need.

*Supporting Quality Care*

# ESRD NETWORK OF TEXAS, INC.

## WE WILL

The management, staff, and Boards of the ESRD Network of Texas, Inc. will work to assure the health care security for ESRD patients in Texas. This includes access to appropriate and quality health care that achieves desired outcomes, protection of rights and dignity and consumer satisfaction, and dissemination of clear and useful information to assist with health care decisions.

## VISION

We will foster a commitment to continued treatment of ESRD patients while preserving a safe environment, provide web-based resources and find ways to decrease facility workload yet still get the information we need.

## MISSION STATEMENT

We support quality dialysis and kidney transplant healthcare through patient services, education, quality improvement and data exchange.

## VALUES

We strive to understand and act upon the needs of our customers, employees, Boards and partners.

Our success is dependent on collaboration with providers, patients, and the volunteer Network Boards and committees.

We act with integrity in all we do.

## DEFINITION OF QUALITY

Quality of care is the degree to which health services to individuals and populations increase the likelihood of desired health outcomes and is consistent with current professional knowledge. ***Institute of Medicine***

# ESRD NETWORK OF TEXAS, INC. GOALS & OBJECTIVES

## Strategic Goals of ESRD Networks

In keeping with the legislative mandate for the ESRD Network program, the goals of CMS include ***ensuring the right care for every person every time*** and encouraging sound medical practice to:

Improve the quality and safety of dialysis related services provided for individuals with ESRD in Texas.

Assist providers in establishing & maintaining dynamic, ongoing quality assessment & performance improvement programs.

Develop and utilize criteria and standards that address the quality and appropriateness of care for ESRD patients.

Disseminate and utilize national practice guidelines to assess the quality of care for ESRD patients and provide professional education.

Collect, analyze and disseminate facility specific, comparative outcomes data (where available).

Perform special studies developed by the Medical Review Board, CMS, DSHS, USRDS, and other agencies.

Conduct activities to assist patients and providers increase understanding and measurably improve ESRD clinical outcomes.

Initiate Quality Improvement Projects on topics identified by CMS, the Medical Review Board and Texas renal community as a high priority to impact significant numbers of patients.

Collaborate with Providers, State and Federal Agencies to promote continuity of care in emergency situations that disrupts dialysis delivery.

Improve independence and quality of life of individuals through use of self-care modalities (such as transplantation, peritoneal dialysis, home hemodialysis), and self directed care, as appropriate, through the end of life.

Collaborate with the renal community and rehabilitation agencies to promote habilitation.

Promote the use of medically suitable treatment modalities.

Improve patient perception of care and experience of care and resolution of patient's complaints and grievances.

Promote access to appropriate and quality health care that achieves desired outcomes.

Protect rights and dignity and support consumer satisfaction.

Evaluate and resolve patient complaints and grievances.

Improve, when medically appropriate, the rate of transplantation and use of self-care and self-directed modalities, through the end of life to ensure the patient achieves the maximum level of rehabilitation and independence possible.

Promote the use of and encourage access to medically suitable treatment modalities.

Promote Advanced Care Planning to ensure that patients' wishes are known and honored, to prevent futile care and to protect rights and dignity.

Collect, analyze, and disseminate facility specific, comparative vocational rehabilitation and modality utilization data including transplant referral and use of self care and home dialysis (when available).

Improve collaboration with providers to ensure achievement of the goals.

Partner with Large, Small and Independent Dialysis organizations and providers to maximize the efficiency of the Network.

Improve the collection, reliability, timeliness, and use of data to measure processes of care, outcomes, and to support the ESRD Network program.

Disseminate clear and useful information to assist with health care decisions.

Provide information on patterns, processes, and outcomes of care to support quality activities (when available).

As directed by CMS, support providers in successfully utilizing the Crown Web System.

## **GOALS & OBJECTIVES**

**To achieve the above stated Goals each facility must:**

Continuously strive to deliver care to each patient that is individualized, consistent with current professional knowledge, and that achieves desired outcomes **which includes less than 10% of patients with a catheter > 90 days and  $\geq$  66% patients with a AVF for vascular access.**

Assess and refer in a timely manner medically suitable patients to treatment modalities that increase habilitation and independence including in-center self care, self care and transplantation.

Establish and maintain a dynamic quality assessment and performance improvement program that evaluates the care provided and identifies opportunities for and continuously works to improve care delivered.

Clearly delineate and respect the rights and responsibilities of **BOTH** the patient, family, significant others **AND** the facility. All involved in the receipt of and delivery of care must understand and respect these rights & responsibilities.

Submit data and information timely and accurately as defined by project to the Network and in Crown Web as is required by law and regulation. When available, aggregate data may be shared with corporate owners and administration.

Utilize EMSystem by completing the required provider information, updating monthly on a regular basis and daily or more frequently when needed during emergency situations that disrupts dialysis delivery.

Designate two disaster representatives for the facility and provide off facility contact information.

Appoint and support a Network Patient Representative (NPR). Representative role is attached.

**Appoint a Network Coordinating Council Representative with representation at the Annual Meeting.**

Utilize the National Decreasing Dialysis Patient-Provider Conflict Tools to educate staff.

Make available to patients NW provided information on its Quality Improvement Projects, the Annual Report, Regional and National profiles of care, the importance of immunization, information on how to access and use Medicare's Dialysis Facility Report, Information on the Crown Web system developed by CMS.

Cooperate in meeting the Network Goals and Objectives delineated above as required by law and regulation. For more information visit our website at [www.esrdnetwork.org](http://www.esrdnetwork.org).

# LIST OF SERVICES

*Available upon request*

1. Identification of available providers and /or facilities for patients seeking ESRD services, including transient and displaced disaster patients.
2. Technical assistance, guidance, and/ or appropriate referrals regarding ESRD regulations and recommended practices. *Links to ESRD Federal & State Regulations, Centers for Disease Control & OSHA Recommendations, and Practice Guideline Information are available on the website.*
3. Technical assistance, guidance, and/ or appropriate referrals regarding the provision of services to ESRD patients.
4. Facility/ provider support in the resolution of patient issues or concerns **before** they become complaints/ grievances. *A Treatment Agreement Guide published in January 1997 and the Intensive Intervention Booklet published in 2002 are available on our website. Decreasing Dialysis Patient-Provider Conflict Toolkit mailed to all units in 2005 and to all units at opening since. DPC is also available on our website.*
5. Assistance in development of local disaster plans that include such emergencies as floods, earthquakes, hurricanes; etc. *A Disaster Planning Resource Manual published by CMS in 2002 and a Texas specific addendum, a 3 Day Disaster Diet, a Hazard Assessment Tool, Emergency Supply Checklist, Emergency Dialysis Patient Record and many other resources are available on our website.*
6. Assistance in the development of community and patient education programs. *A New Patient Orientation Packet is sent to each new ESRD Patient upon receipt of the Medical Evidence Report and is available upon request.*
7. Resources and assistance regarding the use of tools to assess the health related quality of life of patients. *Available on our website.*
8. Resources and assistance regarding timely referral to vocational rehabilitation, transplantation and development of community & patient education programs.
9. Assistance in establishing, defining and promoting facility specific:
  - Goals and procedures to assess patients for placement in treatment modalities that improve independence, quality of life, and rehabilitation
  - Quality Assessment & Performance Improvement Programs & Quality Improvement Projects & Plans
  - Goals for referral of suitable candidates to vocational rehabilitation programs and/ or such programs or activities that enhance independence and a higher quality of life
  - Patient education regarding kidney transplantation and self care modalities
  
  - Advanced Care Planning and End of Life Programs
  - Immunization Programs including patient education
10. Mentor facility partnerships for quality improvement projects.

## Other Available Information

On our web site at [esrdnetwork.org](http://esrdnetwork.org) or by calling to request:

- Annual Report
- Project Reports
- Quality Improvement Tools
- Links to Renal Related Organizations & information

## Dialysis Facility Compare Website

**What is it?** Dialysis Facility Compare is a Medicare Website with information about:

### Dialysis Facility Characteristics:

- address and telephone number of the facility,
- the facility's initial date of Medicare certification,
- shifts starting at 5 PM or later (if you need your treatments in the evening),
- the number of treatment stations,
- the types of dialysis offered (in-center hemodialysis, peritoneal dialysis, and home hemodialysis training),
- facility ownership type (profit or non-profit), and
- chain name (if applicable).

### Quality Measures:

- the percent of patients at a facility with a Urea Reduction Ratio (URR) of 65 or greater known as adequacy of hemodialysis,
- percent of patients treated with Epogen® with a hematocrit of 33 or greater, and
- patient survival information.

### How do you get to it?

Go to our website at [esrdnetwork.org](http://esrdnetwork.org) then click on **Patient Information** then click on **Facility Information** then click on **Medicare Dialysis Facility Compare** and go to **Geographic Selection**. Since TX has a large number of Dialysis Facilities, the state is split in half geographically by East / South & North/& West. If you are not sure which area you need to search, you can [view a list of counties](#) belonging to each area.

The data is updated annually. Facilities/ providers may submit corrections about the address or demographic information to the ESRD Network by sending a letter.

The clinical data is handled directly by the CMS central office in Baltimore. Each year when the data is sent to the facilities for preview before it is posted to the website, instructions are provided for comments and corrections to CMS.

**List an alternate shipping address if clinic's scheduled opening date is more than 6 weeks out.**

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**Name**

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**Ship to address (can NOT be a PO Box)**

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**City**

**State**

**Zip**

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**Phone number with area code**

NETWORK FAX #

# UPDATE SHEET

972-503-3219

**PRINT OR TYPE THIS FORM**

## SECTION 1: Physical Address (actual address listed on TDH License)

Address 1: (street number and name) \_\_\_\_\_

Address 2: (suite number, routing number, mail code, etc) \_\_\_\_\_

City: \_\_\_\_\_ TX Zip Code \_\_\_\_\_ - \_\_\_\_\_ (9 digits needed)

## SECTION 2: Facility Mailing Address LEAVE BLANK IF SAME AS ABOVE

Address 1: (PO Box, etc) \_\_\_\_\_

Address 2: (suite number, routing number, mail code, etc) \_\_\_\_\_

City: \_\_\_\_\_ TX Zip Code \_\_\_\_\_ - \_\_\_\_\_ (9 digits needed)

## SECTION 3: Miscellaneous Information

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Area Codes **are required** for phone and fax numbers

E-Mail: \_\_\_\_\_ Corporate Affiliation: \_\_\_\_\_

County: \_\_\_\_\_ No. of Stations: \_\_\_\_\_

## SECTION 4: Location Type

\_\_\_\_\_ Free Standing \_\_\_\_\_ Hospital Based  
\_\_\_\_\_ Other: \_\_\_\_\_

## SECTION 5: Shift Information (Hours of operation must be reported in military time, refer to enclosed time sheet)

Number of M-W-F shifts	_____	Number of T-TH-S shifts	_____
M-W-F Open Time	_____	T-TH-S Open Time	_____
M-W-F Close Time	_____	T-TH-S Close Time	_____

After 5:00 shift (shifts starting after 17:01pm) \_\_\_\_ Yes \_\_\_\_ No

## SECTION 6: Services (mark every service your facility offers)

_____ Hemo	_____ PD
_____ Reuses Dialyzers	_____ Home Hemo
_____ Accepts Transient Patients	_____ Offers Self Care Dialysis
_____ Offers Hepatitis B Isolation	_____ Accepts Pediatric Patients (<19 y/o)
_____ Offers Training	

END STAGE RENAL DISEASE NETWORK OF TEXAS  
NETWORK COORDINATING COUNCIL MEMBERSHIP

Professional Biography

FACILITY REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

FACILITY AFFILIATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

HEALTH DISCIPLINE \_\_\_\_\_

(If Physician state ESRD Category, e.g. Nephrologist, Transplant Surgeon, Urologist, Pediatrician)

FORMAL TRAINING \_\_\_\_\_ YEARS  
(Physicians include residency programs)

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**Check all that apply for Medical Director:**

\_\_\_\_ BOARD ELIGIBLE; if yes, enter expiration date if applicable: \_\_/\_\_/\_\_

\_\_\_\_ Internal Medicine      \_\_\_\_ Nephrology      \_\_\_\_ Pediatrics

\_\_\_\_ Pediatric Nephrology      \_\_\_\_ Surgery

\_\_\_\_ BOARD CERTIFIED

\_\_\_\_ Internal Medicine      \_\_\_\_ Nephrology      \_\_\_\_ Pediatrics

\_\_\_\_ Pediatric Nephrology      \_\_\_\_ Surgery

PROFESSIONAL ESRD PATIENT CARE EXPERIENCE \_\_\_\_\_ YEARS

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Provider # 45-\_\_\_\_\_ OR 67-\_\_\_\_\_

Facility UPIN #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

City: \_\_\_\_\_

Approx. Open Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE:**  
Any position that does not apply to  
your facility mark as: N/A

**PLEASE TYPE OR PRINT LEGIBLY**

Network Fax # 972-503-3219

Position	Name <i>Last, First</i>	Credentials	E-Mail
Medical Director*: Physician responsible for facility as a whole.			Medical Director UPIN #:
Administrator/CEO: Responsible for facility as a whole.			
DON/Head Nurse*: <b>Registered Nurse</b> responsible for data collection and for supervising facility nursing staff.			
PD Nurse Coordinator: <b>Registered Head Nurse</b> responsible for the peritoneal dialysis unit.			
Data Contact: Responsible for the completion of all HCFA Data forms; person to be contacted for corrections.			
Facility Rep: Individual designated by the facility as the voting representative of the Network Council.			
Social Worker*: Facility Social Worker; person to be contacted for questions and concerns.			
Dietitian: Facility Dietitian; person to be contacted concerning ESRD dietitian questions and concerns.			
Survey (2744) Rep: Responsible for the completion of the HCFA annual facility survey.			
Network Patient Rep: Patient designated by the facility to serve as a primary liaison between the facility's patients & Network 14			
Facility Disaster Coordinator*: Alternate Disaster Coordinator*:			

\* Position required by CMS to be reported to ESRD Networks

**ESRD NETWORK OF TEXAS  
PATIENT REPRESENTATIVE POSITION DESCRIPTION**

Every dialysis clinic in Texas should have a Network Patient Representative (NPR) who will act as a link between patients and the ESRD Network office. The NPR may also serve as a link between patients and clinic staff (see optional duties). If there is someone in the clinic already serving as a link between patients and clinic staff, the NPR will serve only as a link between the Network and patients at the clinic.

The Network's Patient Advisory Committee (PAC) developed the NPR responsibilities listed below. These responsibilities are only minimal guidelines. Each clinic is free to expand this list as they wish by adding other duties to improve communication between patients and staff and to expand facility's patient and staff education opportunities.

**The Network Patient Representative can assume the  
following responsibilities  
where they do not already exist:**

The following are considered **STANDARD** responsibilities for an NPR:

1. Be a role model to other patients by:
  - Learning about the latest dialysis and transplantation information from his/her facility, the Network, and other sources.
  - Following his/her own treatment plan.
2. Receive and distribute ESRD Network patient mail-outs addressed to the NPR.
3. Be available to assist the staff with the patient bulletin board.

The following are considered **OPTIONAL** responsibilities to be carried out when agreed upon by the NPR and appropriate clinic staff.

1. Be available to facilitate communications between patients and facility staff when needed or requested.
2. Be familiar with information provided by their facility and the Network and be available to answer patient questions about this information.
3. Be available to assist with the orientation and support of new patients to the facility and introduce them to other patients.
4. Be available to assist the unit social worker with patient support groups.
5. Be available to assist with the coordination of patient activities (such as educational meetings and social events).
6. Be available to help organize phone calls or visits (where appropriate) to patients who are in the hospital or who would benefit from a call or visit.
7. Be available to write and distribute a patient newsletter for his/her own clinic with the aid of clinic staff.

### **Suggestions To Assist Facility Staff and NPR Relationship**

1. It is best to have a staff member serve as a co-worker. The staff member can then assume responsibility for informing the Network if the NPR leaves the clinic, etc.
2. If your clinic runs six days a week rather than three, there should be more than one NPR. The primary NPR can appoint an assistant NPR for each shift to assure that all shifts and all days are covered.
3. If your clinic does not already have one or more subscriptions to the popular renal patient magazines or newspapers (i.e., AAKP Renal Life, NKF Family Focus, Nephrology News and Issues-For Patients Only), please contact the Network for information on how to get these subscriptions for your clinic.
4. Patients who are already serving in other capacities (such as the Patient Advisory Committee of the Network, the Patient Services Committee of NKF, an officer of the AAKP, etc.) are eligible to be NPRs.



## Other Physicians:

(List all physicians who practice at your facility)

**PRINT OR TYPE**

Facility Name: \_\_\_\_\_

Name: \_\_\_\_\_ Credentials \_\_\_\_\_ UPIN \_\_\_\_\_

Office Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_@\_\_\_\_\_

**Check all that apply:**  Nephrologist  Vascular Access Surgeon  
 Transplant Surgeon  Interventional Radiologist

Name: \_\_\_\_\_ Credentials \_\_\_\_\_ UPIN \_\_\_\_\_

Office Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_@\_\_\_\_\_

**Check all that apply:**  Nephrologist  Vascular Access Surgeon  
 Transplant Surgeon  Interventional Radiologist

Name: \_\_\_\_\_ Credentials \_\_\_\_\_ UPIN \_\_\_\_\_

Office Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_@\_\_\_\_\_

**Check all that apply:**  Nephrologist  Vascular Access Surgeon  
 Transplant Surgeon  Interventional Radiologist

Name: \_\_\_\_\_ Credentials \_\_\_\_\_ UPIN \_\_\_\_\_

Office Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_@\_\_\_\_\_

**Check all that apply:**  Nephrologist  Vascular Access Surgeon  
 Transplant Surgeon  Interventional Radiologist



The End Stage  
Renal Disease  
Network Of Texas

**END STAGE RENAL DISEASE NETWORK OF TEXAS**  
**MEMBERSHIP AGREEMENT**  
**BETWEEN**

Name of Facility (PRINT or TYPE)  
\_\_\_\_\_, Texas  
City

NETWORK COORDINATING COUNCIL  
of  
NETWORK OF TEXAS

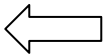
The undersigned, on behalf of \_\_\_\_\_ (Name of Facility, \_\_\_\_\_  
(City), Texas hereby joins in membership with the Network of Texas and agrees to provide representation  
to the Network Coordinating Council and to participate in the activities of the Council in attaining the  
goals and objectives of the End-Stage Renal Disease Program.

Signed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**DO NOT complete this section, for Network completion only**



The undersigned acknowledges this document as an agreement between \_\_\_\_\_,  
\_\_\_\_\_ Texas and End Stage Renal Disease Network of Texas, to become effective  
\_\_\_\_\_.

Signed: \_\_\_\_\_  
Network Executive Director

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## NETWORK INFORMATION ACKNOWLEDGMENT

**FACILITY NAME** \_\_\_\_\_

**FACILITY REPRESENTATIVE  
TO THE NETWORK** \_\_\_\_\_

This facility has received and reviewed the following information:

- Network #14 Goals and Objectives
- Network #14 Membership Agreement
- Network #14 Facility Representative Biography form
- Roster of Key Personnel form
- Facility Information form

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**SIGN BOTH COPIES, RETURN ONE COPY TO THE NETWORK OFFICE. ONCE ALL COMPLETED PAPERWORK HAS BEEN RECEIVED AT THE NETWORK OFFICE, THEN ONE COPY WILL BE SENT TO YOU WITH YOUR NEW FACILITY NOTEBOOK.**