

MONTHLY TRANSPLANT ACTIVITY REPORT (TAR) ESRD Network of Texas (NW14)

CCN (CMS Certification Number) 45- or 67-	Facility Name
Person Completing This Form (PLEASE PRINT):	Contact Phone Number:

The information below is a UbxUcfmzf CROWNWeb. Please Wa d`YhY U`Vcl Yg"
..... Incomplete forms will be returned unprocessed.

Social Security Number	Medicare Claim Number	
Patient First Name	Patient Middle Initial	Patient Last Name
Patient Mailing Address (Street, City, State, Zip)		Phone # (with Area Code)
Date of Birth (MM/DD/YYYY)	Gender Male Female	
Date of Transplant (MM/DD/YYYY)	Attending Physician (Print)	Phys UPIN/NPI
Current Status of Transplant <input type="checkbox"/> Functioning <input type="checkbox"/> Non-Functioning	Type of Donor Deceased Living Related Living Unrelated	

Ethnicity Not Hispanic or Latino Hispanic or Latino (complete Box 11)	11. Country/Area of Origin or Ancestry
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Patient Self-Reporting of Race/Ethnicity Self reported by patient Self reported by family member Patient chose not to report Not self reported	Race (Check all that apply) White Asian Black or African American Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native <small>Print Name of Enrolled Principal Tribe</small> <small>*Complete Dqz 11+</small>
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Citizenship <input type="checkbox"/> US Citizen Foreign National US Resident <input type="checkbox"/> Non US Citizen US Resident	Medicare Status Currently enrolled in Medicare *gpvt'fcvgt*****No Medicare coverage O gf lectg'Gptqno gpvF cvgu*htgo "ectf +< *****Medicare application pending RctvC<aaaaaaaaa"RctvD-aaaaaaaaa"
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Emailing a completed form is a violation of CMS Security Policy. All violations are reported to CMS. Please fax or mail this form.

All information is required for each transplant patient so (s)he can be entered into the CROWNWeb system. Please complete the information, then fax to the Network office no later than the 10th of the month following the reporting month (e.g. January's TAR is due before February 10th). You may fax or mail forms as you complete them.

FAX to 972-503-3219