

Facility Peer Program Sign-Up Form

Patients talking between themselves is a very effective way to share important information. Facility Peer Representatives (FPRs) provide a voice from patients to dialysis facility staff, committees and the ESRD Network. You can help create a positive facility culture by becoming a FPR! To sign up, complete this form with the help of the Facility Staff Coordinator.

Facility Information

Date: _____

Provider Number: _____ Facility Name: _____

Facility Staff Coordinator (FSC)

FSC Name: _____ Discipline: _____

FSC Email Address: _____

Facility Peer Representative (FPR)

FPR Name: _____ FPR Email Address: _____

FPR Street Address: _____

City: _____ Zip Code _____

How Would You Prefer to be Contacted

- By Mail
- By Email
- Through my Facility Staff Coordinator

What is your current modality?

- In-Center Hemodialysis
- Home Dialysis
- Peritoneal Dialysis

What is your current dialysis schedule?

Dialysis Day: M/W/F T/Th/Sat

Dialysis Shift: 1st shift
 2nd shift
 3rd shift

Are you on the transplant waitlist?

Yes No

How many years have you been on dialysis? _____

Now that you've signed-up for the Facility Peer Program you will receive a FPR Handbook within a week. If you do not receive it or have questions about the program, please contact Network 10 at 317-257-8265 or email Erica Anderson at eanderson@qsource.org.

To file a grievance, patients may contact Qsource ESRD Network 10
911 E. 86th Street, Suite 202 | Indianapolis, IN 46240
Toll-Free Patient Line: (800) 456-6919

