

# Near Match Potential Duplicate Form

Near match conditions happen for several reasons:

- A slight difference and/or typo in one of the six key identifiers – Last Name, First Name, Date of Birth (DOB), Social Security Number (SSN), Medicare Beneficiary ID (MBI) or Gender
- Common names that match other patients already in the ESRD Quality Reporting System (EQRS)
- Foreign Nationals who have no SSN

If you override the near match, you will likely be creating a duplicate patient record, so we recommend the use of this form. Please complete the following and fax back to the Network at 463-209-0062.

<b>Patient Information</b>	
Last Name: _____	First Name: _____
DOB: _____	Gender:    Male    Female
SSN (mark N/A if none exists): _____	
MBI (mark N/A if none exists): _____	

<b>Dialysis Information</b>	
Clinic's Medicare CCN: _____	Admit Date: _____
Dialysis Setting:	Modality:
Home	Hemodialysis            Hemodiafiltration
In-Center	(Sessions per week ____ / Hours per session ____)
SNF/Long-Term Care Facility	Peritoneal Dialysis
Attending Doctor's Name: _____	

<b>Transplant Information</b>		
Transplant Center CCN: _____	Transplant Date: _____	Admission Date: _____
Donor Type:	Deceased            Living Related            Living Unrelated	
Transplant Type:	Kidney Only            Multi-organ            Paired Exchange	

**To receive a notification of completion with the patient's EQRS Patient ID for reference, please provide an email address.** \_\_\_\_\_

Because of protected health information (PHI) restrictions, we cannot accept this form via email and are required by Centers for Medicare & Medicaid Services (CMS) policy to delete them immediately.

**Fax the completed form to 463-209-0062**

[esrd.qsource.org](http://esrd.qsource.org)

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