

# 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 form and attach it to the bottom of your Service Ticket.

## Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: Male Female

SSN (mark N/A if none exists): \_\_\_\_\_

MBI (mark N/A if none exists): \_\_\_\_\_

## Dialysis Information

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: \_\_\_\_\_

## Transplant Information

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.

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