

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.

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
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

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

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