Staying Connected

Help us help you! To give you great care, we need to know about changes in your health. Please check the list and let us know if any of these are true for you.

- ☐ I have seen a doctor or dentist.

- ☐ I have been in the hospital.

- ☐ I have gone to the emergency room.

- ☐ I have gone to an urgent care center.

- ☐ I have felt like going to the emergency room.

- ☐ I have started taking a new medicine.

- ☐ I have stopped taking a medicine.

- ☐ I have had changes, pain, or problems with my access.

- ☐ I have had bleeding for 10 minutes or more (from a cut, nose, gums)

For more information or to file a grievance, please contact:

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911 E. 86th St., Ste. 30
Indianapolis, IN 46240
Toll-Free: 800-456-6919

ESRD Network 12
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Kansas City, MO 64108
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