



16. Have you participated in a self-dialysis training program? \_\_\_\_\_  
 If Yes: Date Training began: \_\_\_\_\_
17. Are you within the 30-month coordination period? \_\_\_\_\_  
 If Yes: Date the coordination period started: \_\_\_\_\_
18. Are you entitled to Medicare on the basis of either End Stage Renal Disease (ESRD) and age or ESRD and disability? \_\_\_\_\_
19. Was your initial entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD? \_\_\_\_\_
20. Have you received services at this facility (including Capital Medical Hospital) within the last 3 days? \_\_\_\_\_  
 If yes, enter the facility name: \_\_\_\_\_
21. Have you been in Inpatient care **anywhere** in the last 60 days? \_\_\_\_\_  
 If yes:
- | Facility Name: | Admit date: | Discharge Date: |
|----------------|-------------|-----------------|
| _____          | _____       | _____           |
| _____          | _____       | _____           |
| _____          | _____       | _____           |

\* A GHP would be ANY insurance provided through you or your spouse's employer that would act as a primary insurance in place of Medicare. NOT specifically Group Health Cooperative health insurance