



## Dialysis Notification

**Note: Effective for January 1, 2021, GEHA does not require authorization for dialysis. However, notification of first date of dialysis is required.**

Patient name: \_\_\_\_\_  
ID number: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Member address: \_\_\_\_\_  
\_\_\_\_\_

Dialysis center: \_\_\_\_\_  
Tax ID: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Diagnosis code(s): \_\_\_\_\_

**Date of first dialysis:** \_\_\_\_\_

Date of first dialysis at this facility: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**IMPORTANT: GEHA needs the first original date of dialysis and diagnosis code(s).**

**\*\*Acute dialysis does not require prior authorization\*\***

**Please fax completed form to 816.257.3515 or 816.257.3255.**

All benefit payments are subject to review for any applicable deductibles, coinsurance, maximums, medical necessity and patient eligibility on the date that the service was provided or the supply delivered.