



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.

Questions: Call Care Management at 800.821.6136, ext 3100.

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.