LAS PALMAS
KIDNEY TRANSPLANT CENTER
A CAMPUS OF LAS PALMAS DEL SOL HEALTHCARE

TRANSPLANT REFFERAL FORM

Complete ALL sections of the referral form. Fax: 915-599-4025 email LPKidneyTransplant@hcahealthcare.com

Section 1: PATIENT INFORMATION

Last Name:	First Name:	Social Security #:
Address:	Phone:	DOB:
City:	State:	Zip Code:
Height:	Dry Weight (most current):	Calculated BMI:

Section 2: NEPHROLOGY INFORMATION

Referring Nephrologist:	Previous transplants?: ☐ NO ☐ YES – Date:_____
Phone:	Location:_____ Type: ☐ Kidney ☐ Other

Is the patient on Dialysis?	YES ☐	Dialysis Center:	Type of Dialysis? Hemodialysis ☐ PD ☐
	NO ☐		

Is the patient listed on another Transplant Program?	History of Non-Compliance:	Does the patient have literacy skill problems?	Does the patient have financial issues?
NO ☐ ☐ YES – Center:	NONE ☐ Appointments ☐ Rx ☐ Dialysis ☐ Diet ☐ Other ☐	None ☐ Unknown ☐ Low literacy skills ☐	NO ☐ YES ☐

Section 3: FINANCIAL INFORMATION

Does the patient have……?	NO	YES	ID#:	Company
Medicare	☐	☐		Reason: ESRD DISABILITY AGE
Medicare Part D	☐	☐		
Medigap	☐	☐		
MEDICAID	☐	☐		
Commercial Insurance	☐	☐		
Texas KHC	☐	☐		

Section 4: REQUIRED DOCUMENTATION – You must submit the following to begin the process	
•	**Demographic sheet with (2) two working contact numbers**
•	**Copy of patient's most recent medications and vaccinations**
•	**Legible copy of all INSURANCE cards (Front and Back)**
•	**Legible copy of SOCIAL SECURITY card/resident alien card**
•	**Legible copy of PHOTO ID (e.g. drivers license, Front only) must be U.S. state or federal**
•	**History and Physical from referring Nephrologist (within 1 year of referral date)**
•	**Patients preferred language:**
*****DIALYSIS PATIENTS ONLY*****	
•	**Copy of HCFA 2728 (Dialysis Patients Only)**
•	**Recent dialysis notes**

PLEASE VERIFY ALL REQUIRED DOCUMENTS ARE FILLED OUT COMPLETELY AND SUBMITTED by email or Fax to :

Email: LPKidneyTransplant@hcahealthcare.com
FAX: 915-599-4025

FOR SELF REFERRAL: Please send at minimum:

- Referral form
- Insurance cards
- Nephrologist Name and phone number
- Signed AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION which allows us to obtain medical records

Transplant Referral Coordinator (915) 264-7819