



Dialysis Services Request Form

Submit this form to Licensure.Health@tn.gov or the following address: 665 Mainstream Drive, 2nd Floor; Nashville, TN 37243. Completion of this form serves as notice to the Health Facilities Commission and does not authorize the provision of dialysis services. **You may commence providing these services upon receipt of an occupancy approval letter from the Central Office Licensure Division in Nashville.**

Facility Name: _____

License #: _____

Dialysis Provider Name (if applicable): _____

1. Please check the type of dialysis service being provided:
_____ bedside _____ den model

2. If bedside dialysis is provided, please list the number of beds. _____

3. If dialysis services are being provided in a den model, please describe the services to be provided and provide a letter and floor plan to the Plans Review Section identifying the location of the proposed “dialysis den”. The letter should identify any construction work needed to complete the project. The proposed area will need to meet all code requirements for such use.

4. Please describe patient population to be served:

5. Please provide the anticipated start date for dialysis services. _____

6. Please list the types(s) of dialysis machines to be used:

7. Please provide copy of contract with the end stage renal dialysis (ESRD) facility providing the services.

PLEASE NOTE: The contracted ESRD provider is required to submit paperwork to CMS related to the provision of dialysis services within the nursing home and will be subject to a federal survey.