

# ***The Virgin Islands Kidney Center***

*5134 Sundial Park Gallows Bay*

*PO Box 1728*

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*Tel; (340) 773-3227, Fax (340)773-8997*

***...a beacon in your quest for good health***



## **GUIDELINES FOR TRANSIENT HEMO-DIALYSIS PATIENT ACCEPTANCE**

1. Patients cannot be considered in our unit, until the required information has been received and reviewed by our Medical Director and the Head Nurse. When travel is anticipated, it is advisable to have the home unit forward all requested information, as soon as possible. A minimum of 21 days notice is recommended.
2. After all of your records have been reviewed, if we can medically accommodate you, we will inform you in writing, your treatment schedule will be included in this notice. Once accepted, we will also notify you of your financial responsibility.
3. Medicare participants, that do not have a secondary insurer, are required to pay 20% of their treatment charge, plus 20% for any drugs administered. If you have a secondary insurance, which has been verified for coverage, no monies will be required at the time of your treatment.
4. Visitors are requested not to come into the dialysis area. We have a lobby where family members or friends may wait.
5. Smoking is not allowed in our facility.
6. We must receive all requested information as soon as possible. Delay in receipt of all or part of the information requested, could result in non-acceptance into our facility. Please sign and have you facility return this form with your requested information.

### ***IMPORTANT NOTE:***

**EATING WHILE YOU ARE IN THE DIALYSIS UNIT &/OR DURING YOUR DIALYSIS TREATMENT IS STRICTLY PROHIBITED IN OUR FACILITY.**

### **WE ADVISE ALL PATIENT TO EAT A MEAL BEFORE DIALYSIS**

***I have read, and completely understand the Guidelines as set forth by HealthQuest, LLC dba, The Virgin Islands Kidney Center.***

***Patients Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Witness Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

