



End-Stage Renal Disease Network of New England  
1952 Whitney Avenue, 2nd Floor  
Hamden, CT 06517  
phone: (203) 387-9332  
fax: (203) 389-9902  
esrd.ipro.org

## Facility Emergency Status Reporting Form

Please submit electronically (cut and paste into e-mail) **info@nw1.esrd.net** or fax to the Network. **(203) 389-9902**

**REMINDER: Facilities MUST Report any interruption in service to the Network **AND** to the State DOH.**

**DO NOT SEND PHI VIA INTERNET. To send PHI, fax list of unaccounted for patients including SSN and DOB to the Network (203) 389-9902**

If you are reporting for more than one facility, please submit one e-mail/fax for each facility

1. Name:

Company:

Title:

City/Town:

Email Address:

Phone Number:

2. Facility CCN/Medicare # (#XX-XXXX):

3. Has your facility been affected by the Snowstorm? (Y/N)

If Yes, how:

4. Please update facility status (*Open/Closed/Delayed Open/Delayed Closed*) for the impacted day(s):

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

5. Were there any patients that didn't come for treatment? (Y/N)

If YES, why?

6. Did any of your patients go an extended time without dialysis? (Y/N)

If YES, how many?

7. Is there anything that the Network can do for you to help your patients or facility?

8. Do you have any patients that you have not been in contact with? YES/NO

If YES please give total #

**Comments:**