



Rhwydwaith Arennau Cymru
Welsh Kidney Network

Assessment and patient agreement for reimbursement of Home Dialysis costs



Section 1. Personal details and prescription

Name:		Dialysis Prescription:	Number of days per week:	Number of hours per dialysis session:
		New Prescription <input type="checkbox"/>		
Address:		Change in Prescription <input type="checkbox"/>		
		CAPD <input type="checkbox"/>		
Telephone Number:		APD <input type="checkbox"/>		
		HHD <input type="checkbox"/>		
E-mail Address:		NHHD <input type="checkbox"/>		

Section 2. Personal Independent Payment (PIP)

A. Do you claim PIP?	Yes <input type="checkbox"/>	Go to section 3	Comments:
	No <input type="checkbox"/>	Go to question B	
B. Is your application to PIP being processed?	Yes <input type="checkbox"/>	Go to question C	
	No <input type="checkbox"/>	Go to question D	
C. What was the date of your application for PIP?			
D. Do you require assistance with your application?	Yes <input type="checkbox"/>	Sign-post to renal social worker or kidney charities	
	No <input type="checkbox"/>		

Section 3. Water meter and affordability cap

- E. Does your home have a water meter?** Yes Go to question F **Comments:**
 No Go to section 4
- F. Is WaterSure in place?** Yes Go to section 4
 No Sign-post patient to WaterSure scheme
- G. Do you require assistance with your application?** Yes Sign-post to renal social worker or kidney charities
 No

Section 4. Reimbursement entitlement

- H. Electricity cost only as WaterSure is in place:** per full dialysis treatment *N.b. This should only be completed if the patient is on WaterSure. The range could be anything between £0.25 and £3.75 but will not exceed this.*
{generated by the Home Dialysis Reimbursement Calculator}
- I. Water costs only due to WaterSure not being in place** per full dialysis treatment. *N.b. This should only be completed if the patient is not receiving or is waiting for WaterSure.*
{generated by the Home Dialysis Reimbursement Calculator}
- J. Total amount to be reimbursed per full dialysis session:** per full dialysis treatment. *N.b. This entry will automatically update based on the responses to entries H and I.*
{This includes the weekly clean}
- K. Cleaning allowance per week if no home dialysis completed due to holiday/hospital etc. for whole week:** per week.

Section 5. Patient declaration

- I confirm that I have made a shared decision regarding my prescription along with my consultant and agree to the dialysis prescription above.
- I confirm that I will inform the home dialysis team of any changes in the number of dialysis sessions and understand my utility reimbursement will be adjusted accordingly (i.e. going on holiday / admission to hospital / unit dialysis etc.)
- I confirm that I have been informed about the following:
- Personal Independent Payment (PIP)
 - WaterSure
 - Local Authority Council disability reduction scheme

Priority register

Other (include here):



I confirm that I am informed of the support available via Paul Popham Fund, Kidney Wales and Kidney Care UK



Patient signature:		Date:	
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Authorised by:		Date:	
Job Title:			

Office sense check:		Date:	
Job Title:			

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