

SIBU KIDNEY FOUNDATION

No. 6 Jalan Chong Jin Bock, 96000 Sibul, Sarawak. Tel : 084-343500, 346500 Fax : 084-344990

APPLICATION FOR HAEMODIALYSIS

Please put a tick () beside the programme of your preference
() Self Care

Part 1

1 PERSONAL INFORMATION

FULL NAME (MISS/MR/MRS/MDM)	NRIC NO	Attached a recent photograph of yourself here
ADDRESS	OLD NEW	
POST CODE	TEL NO HOUSE	
DATE OF BIRTH	MOBILE AGE SEX	
NATIONALITY	RACE	DIALECT
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower		

2 DETAILS OF EMPLOYMENT

PRESENT EMPLOYMENT	MONTHLY INCOME (Gross)
NAME OF COMPANY	
ADDRESS	TEL NO
Please attach supporting documents - INCOME TAX RETURNS, EPF STATEMENTS, LETTER FROM EMPLOYER certifying salary & DETAILS OF OWNERSHIP OF PROPERTY	
IF UNEMPLOYED, PLEASE STATE :	
Since (Date) _____	Reason _____
Who Support you _____	Name _____
Past Employment _____	Last Drawn Salary _____

3 EDUCATIONAL BACKGROUND

SCHOOL LEVEL	NAME OF SCHOOL	YEAR FROM TO	HIGHEST STANDARD PASSED / QUALIFICATION OBTAINED
PRIMARY			
SECONDARY			
PRE-U			
TERTIARY			
OTHERS			

4 FAMILY INFORMATION

PLEASE PUT A TICK (✓) BESIDE THE NAMES OF FAMILY MEMBERS YOU ARE LIVING WITH

NAME	RELATIONSHIP	NRIC NO	AGE	MARITAL STATUS	OCCUPATION NAME OF COMPANY / SCHOOL	MONTHLY INCOME (GROSS)
	Spouse					
	Father					
	Mother					
	Brother / Sister					
	Son / Daughter					

(Please attach for each relative named, the following documents - INCOME TAX RETURNS, EPF STATEMENTS & LETTER FROM EMPLOYER CERTIFYING SALARY & DETAILS OF OWNERSHIP OF PROPERTY)

5 FAMILY TOTAL MONTHLY INCOME & EXPENDITURE (Family is defined here as members you are living with)

TOTAL MONTHLY INCOME (GROSS) RM		RM _____
Less :	EPF CONTRIBUTION	_____
	FOOD	_____
	RENT / INSTALMENT	_____
	TELEPHONE	_____
	WATER / ELECTRICITY	_____
	WORKING MEMBERS EXPENSES	_____
	SCHOOLING EXPENSES	_____
	SOCSSO	_____
	INCOME TAX	_____
	MEDICAL EXPENSES	_____
	OTHERS (Specify)	_____
		Balance RM _____
	TOTAL	_____

6 TYPE OF ACCOMMODATION

1. a)	Own House () please specify	_____
	b) Mortgage () please specify	_____
2	How long been there	_____
3	OTHERS Please specify	_____

7 OTHER INFORMATION

a. Are you presently on dialysis elsewhere ? Yes / No (Delete whichever not applicable)	
If so :	WHERE _____
	SINCE WHEN _____
	NO. OF DIALYSIS SESSIONS PER WEEK _____
	FEE PAID PER SESSION / MONTH _____
b. Have you been worked-up for living related transplan Yes / No.	
	If so, please state : _____
	Name of donor _____ Relationship _____
c. Do you have plans to go for transplantation ? Yes / No	
	If yes, Where ? _____
d. Are you a pledged kidney donor ? Yes / No	
e. Have you or your family members helped SKF before ?	
	If yes, please give details _____

8 In case of emergency, please notify :

1) Name	:	_____
Address	:	_____
Phone No	:	_____
2) Name	:	_____
Address	:	_____
Phone No	:	_____
3) Name	:	_____
Address	:	_____
Phone No	:	_____
4) Name	:	_____
Address	:	_____
Phone No	:	_____

9. SURETIES

1. _____ NRIC No.
Full Name Old : _____
New : _____
Address: _____
Telephone No:
House: _____ Office: _____ Mobile: _____
Occupation: _____
Employer: _____
Relationship to Applicant: _____

2. _____ NRIC No.
Full Name Old : _____
New : _____
Address: _____
Telephone No:
House: _____ Office: _____ Mobile: _____
Occupation: _____
Employer: _____
Relationship to Applicant: _____

SURETIES' OBLIGATIONS

- a) We shall on demand jointly and severally pay to Sibu Kidney Foundation (SKF) all monies which are or may from time to time be due or owing to SKF from the Applicant for all or any expenses costs and charges which may be incurred in providing dialysis and other services to the Applicant.
- b) We agree to become the sole or principal debtors.
- c) As a separate and independent stipulation, we hereby jointly and severally undertake to indemnify and shall continue to indemnify SKF from and against any loss damages claims demands costs and expenses which SKF may suffer or incur as a result of accepting the Applicant for dialysis at SKF.

Signed by the 1st Surety } _____
On _____ }
Before me,

Commissioner for Oaths / Magistrate / Lawyer

Signed by the 2nd Surety } _____
On _____ }
Before me,

Commissioner for Oaths / Magistrate / Lawyer

10. DECLARATION :

I declare that :

- a. I have read, understood and agree to comply fully with the Term and Conditions.
- b. All the particulars given in this form are true and I have not suppressed any information required.
- c. I am aware that if my application is successful, I will be accepted for dialysis for one year only. Thereafter my application will be reviewed.
- d. Upon acceptance, I agree to pay an initial deposit of RM500.00 for self-care.
- e. I will co-operate with the SKF Dialysis staff and agree to perform the procedures as directed by them.
- f. I agree to pay all outstanding fees to Sibü Kidney Foundation.
- g. I agree to allow Sibü Kidney Foundation to publicizes my treatment in the news media.
- h. If I have suppressed or given any incorrect information or fail to comply with any condition or decision, Sibü Kidney Foundation reserves the right to discontinue dialysis treatment and discharge me from the programme.
- i. I agree to indemnify you and waive and release any and all rights or claims to any loss damages claims demands actions or suits for any injuries, death, invalidity, negligence, accidents, infections or illness or loss of personal belongings I may suffer or sustain during or arising from or as a result of any dialysis treatments or consultations in or at the centre.

Subscribed and solemnly }
 Declared by the abovenamed }
 At _____ in the State }
 Of Sarawak, this _____ }
 Day of _____ 20 _____ }

Signed by the 1st Surety on }
 _____ }
 _____ }

Before me,

Commissioner for Oaths / Magistrate / Lawyer

Signed by the 2nd Surety on }
 _____ }
 _____ }

Before me,

Commissioner for Oaths / Magistrate / Lawyer

APPLICATION FOR HAEMODIALYSIS PROGRAMME AT SIBU KIDNEY FOUNDATION

TERMS & CONDITIONS

General

1. The Sibu Kidney Foundation is a charitable organization which seeks to provide out-patient haemodialysis and medical care to eligible patients with kidney failure.
2. Applications must be Malaysian citizens and permanent residents in Sibu.
3. Application must be supported by a medical report from the patient's referring Nephrologist/Medical specialist who agrees to continue to provide medical coverage and follow-up in association with the medical and nursing team of SKF. SKF does not provide any hospital based medical services.
4. Applicants are required to have a suitable and functional vascular access at the time of application.
5. For Self-care Dialysis, the patient should be ambulant and free of significant sight, hearing or physical impairment that would impede his ability to learn the dialysis technique or perform self-care.

6. The Application Process

Application forms shall be completed in full with an I/C size photo and accompanied by recently dated certified true copy of supporting documents.

- i. income tax returns
- ii. E. P. F statement
- iii. Letter from employer stating current income
- iv. Details of ownership of property
- v. Financial information with supporting documentation of applicant's family members

Applicants may seek the advice of the staff of the Dialysis Centre. (Tel : 084-343500) in completing their applications. Failure to complete the Application Form in full or provide supporting documentation will result in delay in processing of the application. Application Forms with supporting documents and medical report must be submitted to SKF.

Prior to the final deliberations of the Medical Board, the applicant will undergo a medical examination by a Medical doctor of SKF. Applicants will be advised of their appointment time in advance. No application will proceed to Medical Board without the Medical doctor report and recommendation. Applicants and family members will be provided with an opportunity to meet with the staff of the Dialysis Centre prior to the final deliberation of the Medical Board. Staff will provide information about treatment within the SKF programme fee structure, financial counseling, the range of additional services available from SKF and seek to answer outstanding questions of patients and family members.

7. The Selection Process

Applicants are advised that the number of applicants generally exceeds the number of available places on the Programme. The Medical Board sits regularly to consider applications which meet all the requirements.

In the case of Self Care Dialysis, favourable consideration is given by the Medical Board to applicants who:

- a) are working or are eligible and willing to work
- b) are able or likely to be able to regularly meet payment of the fees set for their treatment.
- c) have dependents

The decision of the Medical Board is final but applicant whose application is unsuccessful may request to have their application reconsidered at a later date.

8. Payment of Treatment Fees

SKF as an independent charity, is dependent solely upon public donations to support its dialysis programmes which provide treatment for patients who would be unable to afford regular treatment in the private sector.

To ensure that SKF has sufficient funds to provide treatment for the greatest number of eligible patients, SKF subsidizes treatment costs but does not offer free treatment.

Treatment charges shall be levied based on recovery costs and financial means of patients.

Patients entering the dialysis program shall provide a refundable deposit amounting to RM 500.00. This deposit must be paid before commencement of dialysis at SKF.

In addition, patients must provide two (2) Sureties who are acceptable to SKF.

9. Default of Fee Payment

Patients are advised that where they anticipate inability to pay fees for the coming month, they must bring this to the attention of the Dialysis Administrator not later than the last day of the month for which fees have already been paid in full. Reasonable cause for non-payment will be given due consideration on a case-by-case basis.

Failure to pay treatment fees by due date and where extenuating circumstances have not been brought to the attention of the SKF Dialysis Administrator will result in the following:

- a) Patients will be advised that they have until the 10th of the month to make good the default.
- b) The dialysis treatment fee will then be deducted from the patient's deposit.
- c) An additional RM25 administrative fee will be charged for late payment.
- d) Where the treatment fee is still in default by the 11th of the month, the Dialysis Administrator will inform the dialysis centre staff to remove the patient from the treatment roster and the patient is transferred out of the SKF programme.
- e) Where payment is made by the 10th of the month and there is restitution of any monies already deducted from the patient's deposit and the RM25 administration fee is paid the patient will continue dialysis uninterrupted.
- f) Frequent defaulters may be requested to seek treatment outside SKF.
- g) Patients transferred out from the dialysis program through failure of fee payment must re-apply in full through the normal channels if they wish to be re-instated on the Dialysis Programme.
- h) Patients who have been transferred out of the programme will be furnished with an up-to-date medical report to enable them to transfer to an alternative programme.
- i) Patients transferred out from the programme will receive refund of their deposit minus any treatment costs incurred to date of transfer out of programme.

10. Miscellaneous Terms and Conditions

- a) Patients and their visitors are requested to maintain a hygienic and safe environment within the dialysis centre.
- b) Acts of vandalism directed against the building, furnishings or medical equipment at SKF will be prosecuted and will result in the transfer out of the SKF programme.
- c) Verbal or physical abuse directed against other patients, their visitors or members of the staff will result in the transfer of the offender out of the programme and if deemed grave may be reported to the police for prosecution.
- d) Patients who are hospitalized and thereby miss dialysis sessions at SKF will have appropriate adjustment to their dialysis fees subject to submission of documentary evidence of hospitalization and dialysis elsewhere to the staff of Dialysis centre. Documents should be submitted as soon as possible after discharge from hospital.
- e) Patients who intend to travel out of SibU and hence miss dialysis sessions should advise of their intent one month in advance to enable time to provide with an up-to-date medical report. Appropriate adjustment will be made to dialysis fees in such cases.
- f) Patients may request an alteration in their schedule/appointment where required for good reasons. To ensure proper rostering patients have to complete the Request for Transfer form and submit it, no less than one week in advance, to the Head of Dialysis Administration.
- g) Patients are advised to adhere to the advice of the medical and nursing staff regarding their dialysis, medication and diet as this enables optimum response to treatment. Persistent failure in compliance may result in a patient being transferred out of the programme.
- h) Patients and their visitors are advised that illegal activities are prohibited within SKF facilities. Failure to observe the laws of the state may lead not only to police prosecution but also to transfer out of the programme.
- i) Patients and their families are reminded that SKF is dependent upon public donations for the continued funding of the dialysis programme. SKF reserves the right to use information on patients and families to publicize the plight and needs of kidney failure patients.
- j) Patients who are unemployed, but deemed medically fit to return to work, will have to find employment within 3 months after commencement of treatment in SKF. SKF will assist patients in looking for employment. For patients who turn down job offers and/or not motivated to work may be transferred out of SKF programme.
- k) Patients and their families are advised that there is an established system for dealing with any grievances they may have. In the case of complaints or grievances regarding medical treatment the senior charge nurse should be approached. In the event of failure to find satisfaction the patient or family member should write to the manager who will arrange a hearing. In other cases, patients or their family should write directly to the manager describing the exact nature and/or circumstances of the grievance/complaint. The manager will then direct an inquiry and inform the patient of the results.
- l) SKF reserves the right to transfer out patients from the dialysis programme at its discretion. Notice will be served in writing prior to transfer out from the SKF dialysis programme.
- m) SKF reserve the right to amend or add to these Terms and Conditions or to make new rules at anytime and from time to time.

---End---