

1. Eligibility

The **NKF EPOIETIN @ RED BEAN ASSISTANCE PROGRAMME** was launched on 25 July 2019 to lighten the financial burden of **poor** chronic kidney disease patients suffering from anaemia. All applications will be assessed by the NKF Welfare Department through interviews, home visits and the review of documents.

The financial assistance will be provided for one year and each patient will be reviewed before the end of one year for renewal of the financial assistance if necessary. Patients will need to be assessed by qualified Nephrologists to ensure their suitability for ESA treatment. In addition, **the referring Nephrologist will be required to complete a medical referral form (Form A)** stating the patient's current Hb level, Erythropoietin dosage and medical condition. The referring Nephrologist must agree to the administration of only long- acting ESA for the patients referred to this programme.

It is emphasised that all patients enrolled in this NKF Programme must return to the referring Nephrologists for long - term monitoring of their response to ESA treatment and continuing overall renal management. The referring Nephrologist must inform the Head of NKF Medical Department if any change in ESA dose is recommended. **Patients enrolled into this programme must sign a consent form (Form B) before receiving ESA treatment.** The possible side effects and **the necessity for the patient to return to the referring Nephrologist for blood tests and clinical monitoring every 3 months** will be clearly stated in the patient's consent form.

Aim: To provide access to adequate ESA treatment for poor CKD patients including those not on dialysis treatment yet, haemodialysis (HD) patients and peritoneal dialysis (PD) patients who require ESA treatment;

Target: Poor CKD patients – those not on treatment yet and those on HD and PD.

Type of ESA: Long acting ESA = Mircera once a month (reduce workload and storage problems);

Location: NKF Dialysis Centres nationwide with pilot at NKF Dialysis Centres in the Klang Valley from September – December 2019.

Period of Aid: One year (renewable after review).

Procedure:

1. Patients will have to be assessed by qualified **Nephrologists** to ensure suitability for ESA treatment – **Medical Referral form = Form A** (stating Patient's current Hb level, Erythropoietin dosage and medical condition) and agree to:

- ✓ long-acting ESA for patient,
- ✓ long – term monitoring of Patient's response to ESA treatment and continuing renal management every 3 months;
- ✓ Inform NKF's Head of Medical of any changes in ESA dosage.

2. Patients must sign consent form = **Form B** before ESA receiving treatment. Form B will have to state clearly the possible side effects, necessity for patient to return to the referring Nephrologist for blood tests and clinical monitoring.

3. **Application and Disbursement Process:**

Patient will fill in Application Form = **Form C** and submit together with complete medical referral form (**Form A**) from the referring Consultant Nephrologist to NKF Welfare Department.

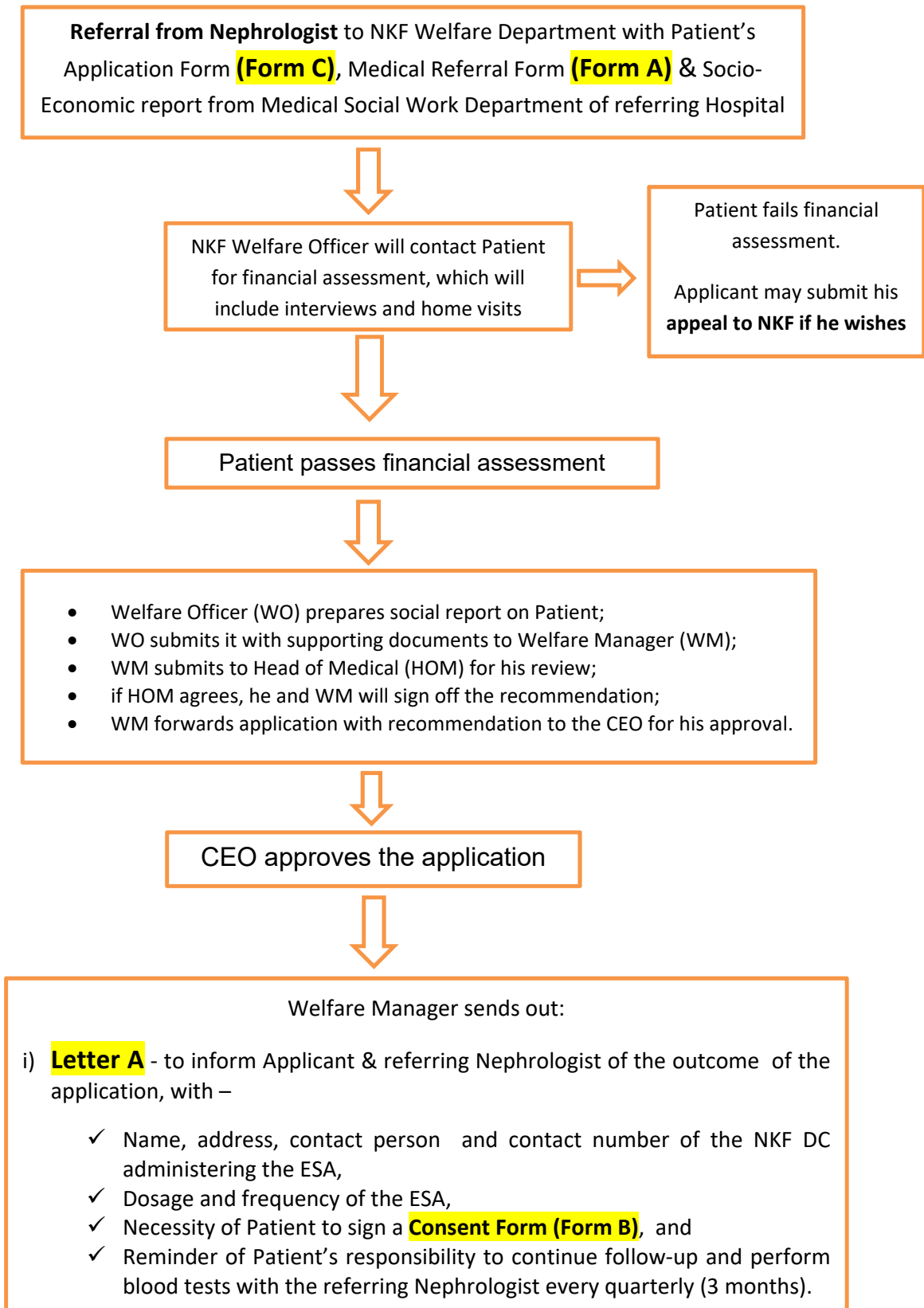
Applicants are subject to the following Terms and Conditions:

- Are Malaysian citizens;
- ***Are referred by Nephrologists.***
- Must agree to home visits by the NKF Welfare Officers with a view to verifying all information given;
- Are prepared to be reviewed by NKF Welfare Officers as and when necessary.

4. Mandatory Documents for Submission by Applicant and Family Members

- ✓ Photostat copy of Applicant's IC;
- ✓ One copy of Applicant's passport size photo;
- ✓ Latest pay slips, EPF statements and Income Tax returns of Applicant and all family members aged 18 years and above;
- ✓ Electricity, water & telephone bills;
- ✓ Car and house instalment receipts and loan approval letters;
- ✓ House photos – outside, hall & kitchen;
- ✓ **Agreement** For Acceptance Of ESA Assistance

NKF ESA ASSISTANCE PROGRAMME WORKFLOW





Welfare Department sends a copy of **Letter A** with Approved Patient's Name/IC/Contact details /Nephrologist details & copy of Medical Referral **Form A** (which contains medical report and ESA prescription) to the CM/SNIC of the NKF DC nearest to the Patient.



CM/SNIC on receipt of both **Letter A and Form A** will:

- ✓ Allocate an afternoon (from 2.00 to 3.00 pm) every month for administration of the ESA to approved patients.
- ✓ CM/SNIC draws up a list of approved patients for monthly ESA = **Form D** - with Patients' Names / IC / Dosage / Date of Administration / Columns for signatures of SN administering the ESA and Patient receiving the ESA;
- ✓ Assign an experienced Staff Nurse (SN) to administer the ESA;
- ✓ Contact approved patient and inform him Where and When to come for the administration of the long acting ESA.
- ✓ Patient comes to NKF DC with his IC for verification.
- ✓ Assigned SN verifies Patient's IC and his ESA prescription in Letter A with Form D before each administration of ESA;
- ✓ Assigned SN submits completed Form D to the CM/SNIC ;
- ✓ CM/SNIC verifies Form D and sends it within 48 hours to the HOM.



- ✓ HOM compiles all completed Form D from all designated NKF DCs;
- ✓ HOM sends a monthly report – **Form E** - to all referring Nephrologists to inform them of the ESA administered to their patients.
- ✓ HOM keeps data base of contact details of all referring Nephrologists.
- ✓ HOM shall be the contact person in NKF for Nephrologists who wish to change the dosage of ESA or have queries.

5. Total Monthly Household Income & Expenditure

(Household Income is defined here as income of family members living together)

Jumlah Pendapatan & Perbelanjaan Isi Rumah Sebulan

(Pendapatan isi rumah ialah pendapatan semua ahli keluarga yang tinggal bersama)

INCOME / PENDAPATAN	RM
1. Personal Income / <i>Pendapatan Sendiri</i>
2. Other Household Family Income / <i>Pendapatan Ahli-ahli Keluarga Serumah</i>
3. Contributions From Relatives Outside Household / <i>Sumbangan Dari Saudara-mara</i>
4. Others (Please specify) / <i>Lain-lain (Nyatakan)</i>
5. Invalidity Pension/ <i>Pencen Ilat</i>
.....
.....
TOTAL INCOME / JUMLAH PENDAPATAN	

EXPENDITURE / PERBELANJAAN	RM
1. EPF Contribution (<i>Sumbangan KWSP</i>) / SOCSO Deductions (<i>Potongan SOCSO</i>) / Income Tax (<i>Cukai Pendapatan</i>)
2. Food (including baby food) / <i>Makanan (termasuk makanan bayi)</i>
3. Rental (home / shop) / <i>Sewa (rumah / kedai)</i>
4. Instalment for house loan / <i>Ansuran pinjaman rumah</i>
5. Instalment for vehicle loan / <i>Ansuran pinjaman kenderaan</i>
6. Telephone Bill / <i>Bil Telefon</i>
7. Utilities (water / electricity) / <i>Bil Air & Elektrik</i>
8. Schooling Expenses / <i>Perbelanjaan Persekolahan</i>
9. Working Members' Expenses (petrol / bus fare / food) / <i>Perbelanjaan Ahli-ahli Keluarga yang bekerja (petrol / tambang bas / makanan)</i>
10. Entertainment / <i>Hiburan (Astro, etc)</i>
11. Domestic Helper (Maid) / <i>Pembantu Rumah</i>
12. Others (Please specify) / <i>Lain-lain (Nyatakan)</i> / EPO

TOTAL EXPENDITURE / JUMLAH PERBELANJAAN	

BALANCE /BAKI	
----------------------	--

8. Every applicant is **required** to attach supporting documents – latest income tax assessment / Form J/ EA Form, latest EPF statement, letter from employer certifying salary and details of ownership of property. **The admission process will be delayed if the patient fails to submit the required documents of himself and family members.**

Setiap pemohon **dikehendaki** mengemukakan dokumen yang berkaitan bagi setiap nama yang dinyatakan – borang cukai pendapatan terkini / Borang J / Borang EA, penyata KWSP terkini, surat dari majikan menyatakan gaji bulanan dan maklumat harta. Proses pengambilan pesakit akan ditangguhkan jika pemohon dan ahli keluarga gagal mengemukakan dokumen yang dikehendaki.

Please tick (v) at the relevant boxes ONLY / Sila tandakan (v) di petak yang berkenaan SAHAJA

- | | | | | | |
|--------------------------|---|--------------------------|------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Latest Income Tax Assessment/Form J/EA Form (Borang Cukai Pendapatan /Borang J/Borang EA terkini) | | | | |
| <input type="checkbox"/> | Patient / Pesakit | <input type="checkbox"/> | Spouse / Suami /Isteri | <input type="checkbox"/> | Children / Anak-anak |
| <input type="checkbox"/> | Sibling / Adik-beradik | <input type="checkbox"/> | Parents / Ibu bapa | | |
| <input type="checkbox"/> | Latest EPF Statement / Penyata KWSP terkini | | | | |
| <input type="checkbox"/> | Patient / Pesakit | <input type="checkbox"/> | Spouse / Suami /Isteri | <input type="checkbox"/> | Children / Anak-anak |
| <input type="checkbox"/> | Sibling / Adik-beradik | <input type="checkbox"/> | Parents / Ibu bapa | | |
| <input type="checkbox"/> | Latest payslip or letter from employer stating salary / Surat dari majikan atau slip gaji terkini | | | | |
| <input type="checkbox"/> | Patient / Pesakit | <input type="checkbox"/> | Spouse / Suami /Isteri | <input type="checkbox"/> | Children / Anak-anak |
| <input type="checkbox"/> | Sibling / Adik-beradik | <input type="checkbox"/> | Parents / Ibu bapa | | |
| <input type="checkbox"/> | Latest Savings/Fixed Deposit/Current Account/Passbook Statement (Penyata akaun tetap/Simpanan) | | | | |
| <input type="checkbox"/> | Patient / Pesakit | <input type="checkbox"/> | Spouse / Suami /Isteri | <input type="checkbox"/> | Children / Anak-anak |
| <input type="checkbox"/> | Sibling / Adik-beradik | <input type="checkbox"/> | Parents / Ibu bapa | | |
| <input type="checkbox"/> | Others (Please specify) / Lain-lain (Nyatakan): | | | | |

I am receiving financial assistance from other charity organization(s) / saya sedang menerima bantuan kewangan daripada badan amal yang lain:

- No / Tidak Yes / Ya

If yes, please specify name of organization(s)/sponsor(s)/sekiranya ya, sila nyatakan nama organisasi / penaja:

Amount / Jumlah : RM _____ per month/sebulan

9. DECLARATION – I declare that:

PENGAKUAN – Saya mengaku bahawa:

- a) All the particulars given in this form are true and I have not withheld or falsified any information required.
Semua maklumat yang diberi dalam borang ini adalah benar dan saya tidak menyembunyikan atau memalsukan sebarang maklumat yang dikehendaki.
- b) I have read, understood and agreed to comply with the terms and conditions.
Saya telah membaca, faham dan bersetuju untuk mematuhi segala terma-terma dan syarat-syarat yang telah ditetapkan.
- c) I am aware that if I had suppressed or given any incorrect information, NKF reserves the right to discontinue providing financial assistance to me.
Saya sedar bahawa sekiranya saya didapati menyembunyikan atau memberi maklumat yang palsu, NKF berhak menamatkan subsidi saya.

NB : Incomplete forms will not be considered / Permohonan yang tidak diisi dengan lengkap tidak akan dipertimbangkan.

Patient's Signature / Right Thumb Print

Tandatangan / Cap Jari Kanan Pesakit

Date / Tarikh:

Witnessed by / disaksikan oleh:

Name / Nama:

Relationship / Tali Persaudaraan:

Date / Tarikh:



AGREEMENT
FOR ACCEPTANCE OF ESA FINANCIAL ASSISTANCE
OF THE NATIONAL KIDNEY FOUNDATION OF MALAYSIA (NKF)
PERJANJIAN UNTUK PENERIMAAN BANTUAN KEWANGAN ESA
YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA (NKF)

I _____ No KP: _____
representing myself / patient named _____
No KP: _____, hereby agree that my/his/her ESA treatment will
be subsidised **wholly/partially** by the National Kidney Foundation of Malaysia (NKF) for a period
of time to be determined by NKF, and will comply with the following requirements:

Adalah saya _____ No K.P: _____
mewakili diri saya /pesakit bernama _____
No K.P: _____, bersetuju bahawa rawatan ESA saya / pesakit akan
dibiayai sepenuhnya/sebahagian oleh Yayasan Buah Pinggang Kebangsaan Malaysia (NKF)
bagi suatu tempoh masa yang akan ditentukan oleh NKF dan akan mematuhi syarat - syarat
berikut:-

[Tick where relevant]/[tandaikan yang berkaitan]

- Submit medical report & prescription form from hospital / mengemukakan laporan perubatan dan borang preskripsi daripada hospital ;
- Family Information Form / Borang Maklumat Keluarga;
- Copies of the latest income tax returns of applicant and those who contribute to the family income / Salinan borang Cukai Pendapatan terkini pemohon dan mereka yang menyumbang kepada pendapatan keluarga;
- Copies of the latest EPF statements of applicant and those who contribute to the family Income / Salinan penyata KWSP terkini pemohon dan mereka yang menyumbang kepada pendapatan keluarga;
- A copy of the latest payment slip from the Social Security Organisation (SOCSO) (if any) for the applicant / Salinan slip bayaran dari PERKESO terkini (jika ada) bagi pemohon;
- Copies of fixed deposits or savings accounts (if any) of the applicant and those who contribute to the family income / Salinan penyata akaun tetap atau simpanan (jika ada) bagi pemohon dan mereka yang menyumbang kepada pendapatan keluarga;
- Electricity, water, telephone and Astro bills / Bil elektrik, air, telefon & Astro;
- Photographs of patient's house / Gambar rumah pesakit – front of house from roof to floor, sitting room and kitchen / depan rumah daripada bumbung ke lantai, ruang tetamu & dapur.

I understand that if I fail to comply with the conditions above, or give incorrect/incomplete information, NKF reserves the right to discontinue the NKF ESA Financial Assistance to me / patient without prior notice.

Saya faham bahawa sekiranya saya gagal mematuhi syarat - syarat di atas, atau memberi maklumat yang tidak tepat atau lengkap, NKF berhak menghentikan bantuan kewangan ESA NKF kepada saya / pesakit tanpa sebarang notis.

Signed by Patient / Representative

Ditandatangani oleh Pesakit/wakil

Name / Nama: _____

Date / Tarikh: _____

Signed by Witness*

*Ditandatangani oleh Saksi**

Nama / Name : _____

Date / tarikh: _____

Relationship [*tick where relevant]:
Hubungan [*tanda yg berkaitan] /

- Husband / *Suami*
- Wife / *isteri*
- Son/daughter / *Anak*
- Mother / *Ibu*
- Father / *Bapa*
- Sister/brother / *Adik beradik*
- Others/*Lain-lain (nyatakan)* _____

Signed and stamped for and on behalf of NKF
Ditandatangani & cop untuk dan bagi pihak NKF

Date / tarikh: _____

Welfare Manager / Officer's Recommendation		Date :
<input type="checkbox"/> Pending – Supporting documents / Home Visit is required <input type="checkbox"/> Recommended for ESA Financial Assistance Comments :		
Head of Medical's Recommendation		Date :
<input type="checkbox"/> Recommended for ESA Financial Assistance: Dialysis Centre: _____ <input type="checkbox"/> Deferred for Patient and Welfare Selection Meeting Comments :		
Chief Executive Officer's Approval		Date :
<input type="checkbox"/> ESA Financial Assistance Approved: Period of Approval: _____ months. <input type="checkbox"/> Rejected: Reason _____ <input type="checkbox"/> Deferred: Reason _____ <input type="checkbox"/> Deferred for Patient Selection & Welfare Committee Meeting Comments :		

=====MMMM=====MMMM=====

Checklist (For Welfare Department use only)

	Form Received	Date Received	Applicant	Spouse	Parents	Children	Siblings	Others
i.	Application Form C & Photo							
ii.	Agreement							
iii.	Form A – Medical Referral							
iv.	Form B – Consent							
v.	Latest Income Tax Assessment of Pt & Family							
vi.	Latest EPF Statements							
vii.	Pay Slips / employer's letter stating salary							
viii.	Utility Bills							
ix.	House photographs							
x.	Others (please specify):							

Head Office
70, Jalan 14/29, 46100 Petaling Jaya
Selangor Darul Ehsan, Malaysia
Tel +603-7954 9048 Fax +603-7957 7328
www.nkf.org.my

NATIONAL KIDNEY FOUNDATION OF MALAYSIA Regd.No.659(Sel)
YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA
馬來西亞腎臟基金會
மலேசிய தேசிய சிறுநீரக அறநிறுவனம்

