



Kidney Health Care

Program and Application Information

Kidney Health Care (KHC) is a statewide program that helps Texans with end-stage renal disease pay for their treatment, including:

- Dialysis treatments.
- Access surgery.
- Drugs.
- Travel to transplant or dialysis services.
- Medicare premiums.



The program is available to anyone who:

- Lives in Texas.
- Has an income less than \$60,000 per year.
- Has a diagnosis of end-stage renal disease from a licensed doctor.
- Gets regular dialysis treatments or has had a kidney transplant.
- Meets Medicare's definition of end-stage renal disease.
- Isn't eligible for Medicaid medical, drug or travel benefits.

To apply for Kidney Health Care, visit the program website at

hhs.texas.gov/services/health/kidney-health-care to learn more about your benefits and the application process. Please bring the following items to your provider for enrollment:



A completed Form 3035 – Kidney Health Care Program Application

Visit the website above for the most recent application materials.



A completed CMS 2728 – Medical Evidence Report

A Physician Assessment Form 3057 can be substituted if the CMS 2728 cannot be located.



Proof of residency

This document is used to show proof that the person applying for KHC lives in the state of Texas. The proof can be a utility bill, voter registration card, mortgage payment receipt, valid Texas driver's license or ID card. It must:

- Show the applicant's name.
- Match the home address listed on the application.
- Be current (if using a Texas driver's license, ID card or voter registration).
- Dated within the last three months (if using a utility bill or mortgage payment receipt).

Applicants can also submit a letter establishing residency written by a family member they live with. The family member must provide proof of residency with a document listed above.



Proof of income

The applicant or person legally obligated to support the applicant must provide proof of all income, unearned and/or earned. This includes income from the client and spouse, in addition to other obligated person(s).

One of the following proofs of income may be provided:

- Pay stubs.
- Employer verification letter.
- Award letters dated within 90 days.
- The first three pages of Form 1040 for the most current tax year. It must have the client's name and/or spouse's name and be signed and dated.

If there is no proof of income available, a signed and dated statement written by the client/spouse or obligated person must be provided.



Proof of insurance

Submit a copy of an ID card (front and back) or an official letter for each type of health insurance coverage.



Proof of Social Security number

Social Security card or document from the Social Security Administration with the person's name and Social Security number listed.