

## 2026 Kidney Health Evaluation Form

We've included a form for you to fill out, sign and date after your KED Evaluation.

### INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage  
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

### COMPLETE THE INFORMATION BELOW

Member Name

Member ID

Member Date of Birth

Member Signature

Date of eGFR

Value

Name of Provider/Practice

Location Address

Location Phone Number

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