

## MEMORANDUM OF UNDERSTANDING

Between

\_\_\_\_\_ Provider # \_\_\_\_\_  
(Facility Name and Provider #)

And

Intermountain End-Stage Renal Disease Network, Inc. (Network #15)

The undersigned, on behalf of: \_\_\_\_\_  
(Facility Name)

Hereby joins in membership with other approved End Stage Renal Disease facilities in Network #15 and agrees to meet Network goals and participate in the activities of the Network, including data collection, quality improvement activities, and special studies. The facility also agrees to use those treatment settings most compatible with the successful rehabilitation of the patient, and to promote the participation of suitable patients in vocational rehabilitation programs.

Signed: \_\_\_\_\_  
Authorized Representative of Facility

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned acknowledges this document as an agreement between  
\_\_\_\_\_, and Intermountain End-Stage Renal Disease Network, Inc.  
(Facility Name)

Signed: *Darlene F Rodgers*  
Executive Director, Intermountain End-Stage Renal Disease Network

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please retain a copy for your files and return the original to:**

**Intermountain End-Stage Renal Disease Network, Inc.  
165 S Union Blvd, Suite 466  
Lakewood, CO 80228**

**A fax copy is acceptable.**