



Confirmation of healthcare professional form

1. Confirm

By signing below I am confirming that Nightingale Clinical Care¹, a participant in DaVita's² integrated kidney care program, is my main provider for routine medical care.

Signature	Date	/	/
<hr/>			
Print Name			
<hr/>			
Date of birth	/	/	Zip Code
<hr/>			

2. Return

Return completed form to a member of your DaVita care team or mail to the below address.

ATTN: Direct Contracting Team
DaVita
2476 Swedesford Rd. #150
Malvern, PA 19355

For more information about the program, call DaVita at **833-928-2700**.

Note: Completing and returning this form is voluntary. It won't affect your Medicare benefits.

¹Nightingale Clinical Care is a California-based physician-owned medical practice. ²Vively Health, a DaVita subsidiary, is participating in the Direct Contracting model, a new Medicare initiative to improve patient care across providers and give you access to coordinated care and preventive services. For more information on the Direct Contracting model, visit <https://innovation.cms.gov/initiatives/direct-contracting-model-options>.