



**WINDSOR**

**ADMISSION RECORD**

Windsor Care Center of Cheviot Hills

RESIDENT INFORMATION											
Resident Name			Preferred Name		Unit	Room/ Bed	Admission Date	Init. Adm. Date	Orig. Adm. Date	Resident #	
Previous Address					Previous Phone #		Legal Mailing Address				
Sex	Birthdate	Age	Marital Status		Religion	Race	Occupation(s)			Primary Lang.	
Admitted From			Admission Location			Birth Place		Citizenship		Maiden Name	
Medicare (HIC) #			Medi-Cal #			Social Security #			Medical Record #		
Insurance Name			Insurance Policy #			Part D Policy #			ReAdmission History		
PAYER INFORMATION											
Primary Payer				Medicaid #			Group #			Ins. Company	
Secondary Payer				SSN #							
Third Payer				Medicare #							
Fourth Payer				Medicaid #			Group #			Ins. Company	
Fifth Payer				Medicaid #			Group #			Ins. Company	
Informational Payers				Medicare #							
Informational Payers				Medicaid #			Group #			Ins. Company	
OTHER INFORMATION											
Most Recent Hospital Stay			Allergies								
Admission Type			Managed Medi-Cal Recertification Date			Medi-Cal Redetermination Date			Medi-Cal TAR Recertification Date		
Medicare Coverage			Part D Carrier								

