

SENIOR CARE RESOURCES

REQUISITION TO PROCESS PA-600

Kane Facility (circle):	Glen Hazel	Scott	McKeesport	Ross
Resident Name/#:	Jensen, Mette			
MA Need Date:	8/2/16			
Soc. Sec. #	214-76-9425			
Notes*:	Med A			
Notes*:	Adm 7/13/16			

*Note if resident is deceased or discharged, if any known problems exist, etc.

<input checked="" type="checkbox"/>	LTC
<input type="checkbox"/>	Short term - co insurance or co pays
<input type="checkbox"/>	Short term - no insurance
<input type="checkbox"/>	Short term - insurance coverage ended before discharge
<input type="checkbox"/>	Short term - bed hold days
<input type="checkbox"/>	Other (describe)

<input checked="" type="checkbox"/>	Not started
<input type="checkbox"/>	Pending letter attached
<input type="checkbox"/>	Rejection attached
<input type="checkbox"/>	PDA Waiver
<input type="checkbox"/>	Submitted prior to admission (no caseworker or pending letter)
<input type="checkbox"/>	Other (describe)

7/27/16	Dennis Bone Business Office
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7/27/16	Kingfare
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*SCR caseworkers may be reassigned due to: work load, conflict of personalities, personal knowledge of families, extended absences and any other reason that may interfere with the process of the Medical Assistance application.

Resident Name : *METTE JENSEN*Resident # : *275420*Room : *233 D*SSN : *214-76-9425*Birth Date : *01/30/1966*Marital Status : *Divorced*Race : *W* Sex : *F*

Veteran Status : Yes No

IMPORTANT NOTE:

The first two Authorizations on the MR-6A must be signed upon admission if an Admission Agreement has not yet been signed. In such cases, the MR-6A must be signed by resident or legal representative upon entrance/admission to the Regional Center.

Admission Date : *07/13/2016* Case : *0*Admitted From : *ADMIT FROM HOME*Attending Physician : *Dr M MUKHTAR*Phone : *(412) 672-9000*Alternate Physician : *Dr ROGER ZIONCHECK*Phone : *(412) 672-1000*

Primary Diagnosis : Admitting Diagnosis :

Legal Competency Status :

Medicare # : *214769425A*

MA Recipient # :

Rec#/Cat/Line : *02*

MA Eff Date :

Insurance Co :

Policy # :

Group # :

Phone # :

End Date

Insurance Co :

Policy # :

Group # :

Phone # :

End Date

Insurance Co :

Policy # :

Group # :

Phone # :

End Date

Original Kane Admit Date : *07/13/2016*MOST RECENT HOSPITAL STAY

Hospital Name :

Admit Date :

Disch Date :

Preferred Hospital :

Funeral Home :

Phone :

Church :

Phone :

Religion : *LUTHERAN*

Resident Current Kane Phone # :

RESIDENT HOME ADDRESS*14 ELDER DRIVE**INDIAN HEAD MD 20640*

Resident Birthplace :

Lifetime Occupation :

EMERGENCY CONTACTS

DONNA SAUNDERS
2415 RIVERVIEW ST.
MCKEESPORT PA 15132
(412) 251-6310

FRIEND

ERICA RUTKAI
9819 LOCUST ST.
GLENDALE MD 20769
(240) 577-3071

DAUGHTER

ASRUTKAI
@ gmail.com

ADDITIONAL NOTES :