

SENIOR CARE RESOURCES

REQUISITION TO PROCESS PA-600

Kane Facility (circle):	Glen Hazel	Scott	<u>McKeesport</u>	Ross
Resident Name/ #:	Roberts, Fred			
MA Need Date:	5/3/16			
Soc. Sec. #	189-26-9526			
Notes*:	Med A only			
Notes*:	4/13/16			

*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)

8/9/16	Denia Bone Business Office
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8/17/16	Guyane
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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.

FACE SHEET MR-6
08/10/2016
10:40 AM

JOHN J. KANE REGIONAL CENTER
MCKEESPORT
RESIDENT IDENTIFICATION RECORD

Resident Name : *FRED ROBERTS*
Resident # : *273650*
Room : *427 D*
SSN : *189-26-9526*
Birth Date : *11/24/1934*
Marital Status : *Never Married*
Race : *W* Sex : *M*
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 : *04/13/2016* Case : *0*
Admitted From : *ADMIT FROM ACUTE HOSPITAL*
Attending Physician : *Dr ROGER ZIONCHECK*
Phone : *(412) 672-1000*
Alternate Physician : *Dr NADEEM ISLAM*
Phone :
Primary Diagnosis : Admitting Diagnosis :
Legal Competency Status :

Medicare # : *189269526A*

MA Recipient # :
Rec#/Cat/Line : *02*
MA Eff Date :

Insurance Co :
Policy # :
Group # : End Date
Phone # :

Original Kane Admit Date : *04/13/2016*

MOST RECENT HOSPITAL STAY

Hospital Name : *MCKEESPORT*
Admit Date : *08/07/2016*
Disch Date : *08/09/2016*

Insurance Co :
Policy # :
Group # : End Date
Phone # :

Insurance Co :
Policy # :
Group # : End Date
Phone # :

Preferred Hospital :

Funeral Home :
Phone :

Church :
Phone :
Religion :

Resident Current Kane Phone # :

RESIDENT HOME ADDRESS

*1318 ARCH ST.
MCKEESPORT PA*

Resident Birthplace :

Lifetime Occupation :

EMERGENCY CONTACTS

*CRYSTAL DELSARDO
468 MCCULLY ST.
WHITE OAK PA 15131
(412) 576-7566*

NEICE

ADDITIONAL NOTES :