

SENIOR CARE RESOURCES

REQUISITION TO PROCESS PA-600

Kane Facility (circle):	Glen Hazel	Scott	<u>McKeesport</u>	Ross
Resident Name/ #:	Fuentes Betty			
MA Need Date:	8/28/16			
Soc. Sec. #	546-36-5432			
Notes*:	Med A			
Notes*:	Adm. 8/8/16			

*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)

8/17/16	Dennis Bena Business Office
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8/19/16	Kurtz
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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
08/17/2016
12:12 PM

JOHN J. KANE REGIONAL CENTER
MCKEESPORT
RESIDENT IDENTIFICATION RECORD

Resident Name : *BETTY FUENTES*
Resident # : 275770
Room : 419 P
SSN : 546-36-5432
Birth Date : 09/09/1929
Marital Status : *Never Married*
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 : 08/08/2016 Case : 0
Admitted From : *ADMIT FROM ACUTE HOSPITAL*
Attending Physician : *Dr NADEEM ISLAM*
Phone :
Alternate Physician : *Dr ROGER ZIONCHECK*
Phone : (412) 672-1000
Primary Diagnosis : Admitting Diagnosis :
Legal Competency Status :

Medicare # : 546365432A
MA Recipient # :
Rec#/Cat/Line : 02
MA Eff Date :

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

Original Kane Admit Date : 08/08/2016

MOST RECENT HOSPITAL STAY

Hospital Name :
Admit Date :
Disch Date :

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

*2215 WASHINGTON BLVD.
GLASSPORT PA 15045*

Resident Birthplace :
Lifetime Occupation :

EMERGENCY CONTACTS

*JUDY KOHL
2215 WASHINGTON BLVD.
GLASSPORT PA 15045
(412) 896-5078*

*RHONDA KOHL
2215 WASHINGTON BLVD.
GLASSPORT PA 15045
(412) 896-5078*

DAUGHTER

GRANDDAUGHTER

ADDITIONAL NOTES :