

# SENIOR CARE RESOURCES

## REQUISITION TO PROCESS PA-600

|                         |               |       |                   |      |
|-------------------------|---------------|-------|-------------------|------|
| Kane Facility (circle): | Glen Hazel    | Scott | <u>McKeesport</u> | Ross |
| Resident Name/ #:       | Tosmani, Ann  |       |                   |      |
| MA Need Date:           | 7/20/16       |       |                   |      |
| Soc. Sec. #             | 173-16-0859   |       |                   |      |
| Notes*:                 | UPme for Life |       |                   |      |
| Notes*:                 | Adm. 7/20/16  |       |                   |      |

\*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)   |

|        |             |        |
|--------|-------------|--------|
| 8/1/16 | Dennis Bone | DO My. |
|--------|-------------|--------|

|        |           |
|--------|-----------|
| 8/1/16 | Kent Earl |
|--------|-----------|

\*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  
08/02/2016  
12:32 PM

JOHN J. KANE REGIONAL CENTER  
MCKEESPORT  
RESIDENT IDENTIFICATION RECORD

Resident Name : ANN TOMAINO  
Resident # : 275550  
Room : 337 W  
SSN : 173-16-0859  
Birth Date : 11/16/1920  
Marital Status : Widowed  
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 : 07/20/2016 Case : 0  
Admitted From : ADMIT FROM ACUTE HOSPITAL  
Attending Physician : Dr JOSE B CABALLE  
Phone : (412) 462-2177  
Alternate Physician : Dr ROGER ZIONCHECK  
Phone : (412) 672-1000  
Primary Diagnosis : Admitting Diagnosis :  
Legal Competency Status :

Medicare # : 173160859A

MA Recipient # :

Rec#/Cat/Line : 02

MA Eff Date :

Insurance Co : UPMC FOR LIFE MCA

Policy # : 00115003601

Group # : MCHMO 1514

End Date

Phone # : (412) 454-7600

Original Kane Admit Date : 07/20/2016

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 : CHRISTIAN

Resident Current Kane Phone # :

RESIDENT HOME ADDRESS

34 HARRISON ROAD  
ELIZABETH PA 15132

Resident Birthplace :

Lifetime Occupation :

EMERGENCY CONTACTS

MITCH GALIYAS  
114 HERBST ROAD  
CORAOPOLIS PA 15108

JOAN BECKWITH

(412) 771-6542 (412) 292-1162 (412) 751-1162

POWER OF ATT.

SISTER

ADDITIONAL NOTES :