

SENIOR CARE RESOURCES

REQUISITION TO PROCESS PA-600

Kane Facility (circle):	Glen Hazel	Scott	<u>McKeesport</u>	Ross
Resident Name/#:	Lutz, Sheila			
MA Need Date:	7/13/16			
Soc. Sec. #	205-40-6717			
Notes*:	MAP			
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)

8/2/16	Dennis Born Baum
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8/2/16	Knox
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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
08/02/2016
12:21 PM

JOHN J. KANE REGIONAL CENTER
MCKEESPORT
RESIDENT IDENTIFICATION RECORD

Resident Name : *SHEILA LUTZ*
Resident # : *275440*
Room : *348 W*
SSN : *205-40-6717*
Birth Date : *05/21/1953*
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 : *07/13/2016* 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 # :

MA Recipient # :

Rec#/Cat/Line : *02*

MA Eff Date :

Insurance Co : *UPMC FOR LIFE MCA*

Policy # : *00313270401*

Group # : *MCSND 1500*

End Date

Phone # : *(412) 454-7600*

Insurance Co :

Policy # :

Group # :

End Date

Phone # :

Insurance Co :

Policy # :

Group # :

End Date

Phone # :

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 :

Resident Current Kane Phone # :

RESIDENT HOME ADDRESS

*519 ENTERPRISE STREET
MCKEESPORT PA 15132*

Resident Birthplace :

Lifetime Occupation :

EMERGENCY CONTACTS

*JASON LUTZ
1626 CEDARS ST.
TURTLE CREEK PA 15145
(412) 913-0572*

SON

ADDITIONAL NOTES :