

SENIOR CARE RESOURCES

REQUISITION TO PROCESS PA-600

Kane Facility (circle):	Glen Hazel	Scott	<u>McKeesport</u>	Ross
Resident Name/#:	Rothamel, Marilyn			
MA Need Date:	7/12/16			
Soc. Sec. #	199-54-4655			
Notes*:	Aetna			
Notes*:	Adm. 7/12/16			

*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 Barker Bk My.
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8/1/16	Knoxdale
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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
12:30 PM

JOHN J. KANE REGIONAL CENTER
MCKEESPORT
RESIDENT IDENTIFICATION RECORD

Resident Name : *MARILYN ROTHARMEL*
Resident # : *275410*
Room : *423 W*
SSN : *199-54-4655*
Birth Date : *10/02/1964*
Marital Status : *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 : *07/12/2016* 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 # :
MA Recipient # :
Rec#/Cat/Line : *02*
MA Eff Date :
Insurance Co : *AETNA/US HEALTHCARE*
Policy # : *W215661888*
Group # : *073732801500004* End Date
Phone # : *(800) 245-1206*

Original Kane Admit Date : *07/12/2016*

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

*429 LEMON ST.
MCKEESPORT PA 15132*

Resident Birthplace :

Lifetime Occupation :

EMERGENCY CONTACTS

*BRIAN ROTHARMEL
429 LEMON ST.
MCKEESPORT PA 15132
(412) 754-0710*

KALI ROTHARMEL

(412) 670-6068

HUSBAND

DAUGHTER

ADDITIONAL NOTES :