

SENIOR CARE RESOURCES

REQUISITION TO PROCESS PA-600

Kane Facility (circle):	Glen Hazel	Scott	<u>McKeesport</u>	Ross
Resident Name/ #:	Swanson, Donna			
MA Need Date:	8/23/16			
Soc. Sec. #	017-83-2333			
Notes*:	UPme for Life			
Notes*:	Adm 8/3/16			

*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 Brown Bureau Office
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8/19/16	Gunter
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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
12:13 PM

JOHN J. KANE REGIONAL CENTER
MCKEESPORT
RESIDENT IDENTIFICATION RECORD

Resident Name : *DONNA SWANSON*
Resident # : *275740*
Room : *243 W*
SSN : *017-83-2333*
Birth Date : *11/22/1941*
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 : *08/03/2016* Case : *0*
Admitted From : *ADMIT FROM ACUTE HOSPITAL*
Attending Physician : *Dr JAMES T CAMPAGNA*
Phone : *(412) 751-0200*
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*
Policy # : *00161152601*
Group # : *MCHMO 1522* End Date
Phone # : *(412) 454-7600*

Original Kane Admit Date : *08/03/2016*

MOST RECENT HOSPITAL STAY

Hospital Name :
Admit Date :
Disch Date :

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

Preferred Hospital :

Funeral Home :
Phone :

Church :
Phone :
Religion : *CHRISTIAN*

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

Resident Current Kane Phone # :

RESIDENT HOME ADDRESS

*2515 HIGHLAND AVE
MCKEESPORT PA 15132*

Resident Birthplace :
Lifetime Occupation :

EMERGENCY CONTACTS

*SHELLEY SWANSON
2908 WOODROW ST.
LIBERTY BORO PA 15133
(412) 721-9690*

*JANIS HARGRO

(412) 327-6251*

*VALERIE PATTERSON

(724) 833-5503*

DAUGHTER

DAUGHTER

DAUGHTER

ADDITIONAL NOTES :