

# SENIOR CARE RESOURCES

## REQUISITION TO PROCESS PA-600

Kane Facility (circle):	Glen Hazel	Scott	<u>McKeesport</u>	Ross
Resident Name/ #:	Schick Alan			
MA Need Date:	7/20/16			
Soc. Sec. #	183-28-4644			
Notes*:	Sec Blue			
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 Bonar	Blom
--------	--------------	------

8/1/16	Kunz
--------	------

\*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  
12:31 PM

JOHN J. KANE REGIONAL CENTER  
MCKEESPORT  
RESIDENT IDENTIFICATION RECORD

Resident Name : ALAN A SCHICK  
Resident # : 275580  
Room : 353 W  
SSN : 183-28-4644  
Birth Date : 04/03/1936  
Marital Status : Married  
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 RUDOLPH A ANTONCIC  
Phone : (412) 672-1000  
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 : SECURITY BLUE  
Policy # : SDR123141672001  
Group # : 05849005 End Date  
Phone # :

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 :

Resident Current Kane Phone # :

RESIDENT HOME ADDRESS

1403 BOSTON HOLLOW ROAD  
MCKEESPORT PA 15135

Resident Birthplace :

Lifetime Occupation :

EMERGENCY CONTACTS

LIN THORNE  
211 RIDGE ROAD  
BOSTON PA 15135  
(412) 754-0440

WIFE

ADDITIONAL NOTES :