



PHYSICIANS/HOSPITALIZATIONS

Primary Care \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of last visit: \_\_\_\_\_ Will physician follow in Nursing Home? Yes \_\_\_\_\_ No \_\_\_\_\_

Physicians consulted in past 2 years:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Specialty \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Specialty \_\_\_\_\_

Hospitals utilized during the past 2 years:

Name \_\_\_\_\_ Address \_\_\_\_\_ Dates \_\_\_\_\_

Reason \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Dates \_\_\_\_\_

Reason \_\_\_\_\_

Nursing Home or Rehab Facility utilized with the LAST year:

Name \_\_\_\_\_ Address \_\_\_\_\_ Dates \_\_\_\_\_

Reason \_\_\_\_\_

FINANCIAL/BILLING INFORMATION

HEALTH INSURANCE (Kindly provide copies of all cards)

Social Security # \_\_\_\_\_

Federal Medicare # \_\_\_\_\_

State Medicaid # \_\_\_\_\_ Effective Date \_\_\_\_\_

Social Worker \_\_\_\_\_

Telephone # \_\_\_\_\_

District Office \_\_\_\_\_

Other Insurance \_\_\_\_\_ # \_\_\_\_\_

Veteran's Claim # \_\_\_\_\_

Part I

By definition, a patient in Rhode Island is considered private paying until their individual assets are spent down to the R. I. Medicaid Eligibility Limit of \$4,000.00. Anyone who has less than \$4,000.00 upon application, would be eligible to apply for R. I. Medicaid Assistance through the R. I. Department of Human Services, prior to admission. In order for our home to project the Private Pay and Medicaid Census, we request your assistance in completing the following questions:

Based on the above criteria, the applicant would be: (Please circle one)

Private Pay or Medicaid Eligible

A. If paying privately, at the daily rate of \$ \_\_\_\_\_, the applicant predicts that They would remain private paying for approximately (indicate length of time, i.e. Months or years): \_\_\_\_\_

- B. If there is a need for Medicaid Long Term Care Assistance, the applicant has:
\_\_\_\_\_ Already applied with a decision of eligibility
\_\_\_\_\_ Already applied with decision pending
\_\_\_\_\_ Not begun application yet
\_\_\_\_\_ A need to obtain further information regarding how to being the decision process of Medicaid application.

