

Tuscola County Medical Care Community

Your Care Partner in Skilled Nursing and Rehabilitation Therapy

1285 CLEAVER ROAD ♦ CARO, MICHIGAN 48723
PHONE (989) 673-4117 ♦ FAX (989) 673-6665

ADMISSION APPLICATION

Name _____ Original Application Date _____
Phone () _____ Date _____
Home Address _____
Street City State Zip County
SEX: F M AGE ____ DOB: M__D__Y____ Social Security # ____ - ____ - ____ Religion _____
Place of Birth _____ Civil Status: _____ Occupation _____
Military service? yes _____ no _____ U.S. Citizen yes no Primary Language _____

Primary Care Physician _____
Name Phone

Specialty Physician _____
Name Specialty Phone

Prior Hospice Services _____
Company Name Dates of Service

Funeral Home Choice _____
Name City State Phone

INSURANCE INFORMATION: **MUST PROVIDE ALL INSURANCE CARDS UPON ADMISSION*

Medicare No. _____ (Effective dates) Hospital Ins.(A) _____ Medical Ins.(B) _____
Medicare Part D Plan _____ Medicaid No. _____
Blue Cross No. _____ Group No. _____ VA Status and No. _____
Other Insurance's _____
Income: Soc. Sec. \$ _____ S.S.I. \$ _____ Other _____

Does applicant have a DPOA, DMPOA, or Guardian? Yes No *Must provide copies upon admission

Name of person responsible for patient's payment to the Medical Care Facility:

1. _____
Name Street City State Zip Relationship Phone

Person to contact in case of emergency:

1. _____
Name Street City State Zip Relationship Phone

2. _____
Name Street City State Zip Relationship Phone

3. _____
Name Street City State Zip Relationship Phone

PRIVATE PAY PATIENT'S: A deposit of \$2100 is required on day of admission. This money is to be left on deposit until patient is discharged.

MEDICAID PATIENT'S: The patient pay amount will be taken out of Social Security checks, Pension checks, and/or Retirement checks.

SIGNED: _____ DATE: _____

Resident Name	Medical Record #	Room #	Physician	Adm Date