



**2011 NURSING FACILITY ADMISSION  
AND FINANCIAL AGREEMENT PACKET**

*Designed to comply with State and Federal Regulations  
and to Minimize Liability Exposure*

Includes Advance Directives Information and Forms, Resident Rights Statements, Notice of Privacy Practices, Assignment of Benefits, Medicaid Application Overview, Application and Financial Worksheet, List of Texas Nursing Facility Posting Requirements, and Numerous Sample Policies, and Disclosures and Authorizations

**Prepared by Kelly A. McDonald  
Carls McDonald & Dalrymple, LLP**

**ORDER FORM**

Ownership \_\_\_\_\_ No. TX Facilities \_\_\_\_\_  
Person Requesting \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**THCA MEMBER FACILITIES**

(A copy must be purchased for all TX facilities)

<u>Number of Texas facilities</u>	
1 FACILITY	\$ 500
2-5 FACILITIES	\$ 750
6-10 FACILITIES	\$2000
11-15 FACILITIES	\$3500
16-20 FACILITIES	\$5000
21+ Facilities	\$7000 plus (prices on request)

**NON-MEMBER**

(A copy must be purchased for all TX facilities @ \$850 per facility)

**Total Enclosed \$ \_\_\_\_\_**

**Make checks payable to:**  
Texas Health Care Association  
P.O. Box 4554  
Austin, TX 78765

Purchase Agreement: This Nursing Facility Admission and Financial Agreement packet is intended for the sole use of the purchasing entity. Purchaser agrees not to disseminate the contents of the packet to others and acknowledges that unauthorized use is a violation of this purchase agreement and applicable copyright law.

\_\_\_\_\_  
**Purchaser-Print Name**

\_\_\_\_\_  
**Purchaser-Signature**

\_\_\_\_\_  
**Date**

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