

2014 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

THCA MEMBER FACILITIES (A	THCA MEMBER FACILITIES (A	THCA MEMBER FACILITIES (A	NON-MEMBER FACLITIES (A
copy must be purchased for			
each TX facility you operate)			
Number of Texas facilities	New Purchase by	Repurchase by	
	Owner/Manager	Owner/Manager	
1 FACILITY	\$ 500	\$250	\$850 per facility
2-5 FACILITIES	\$1000	\$500	
6-10 FACILITIES	\$2000	\$1000	
11-15 FACILITIES	\$3500	\$1750	
16-20 FACILITIES	\$5000	\$2500	
21+ Facilities	\$7000	\$3500	

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
		10) 150 1055

Texas Health Care Association ● P. O. Box 4554, Austin, TX 78765 ● (512) 458-1257