



**2018 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, Disclosures and Authorizations.

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

**ORDER FORM**

Complete and email Order Form to Amy Orris at [aorris@txhca.org](mailto:aorris@txhca.org)

Ownership \_\_\_\_\_ No. TX Facilities \_\_\_\_\_  
 Person Requesting \_\_\_\_\_ Telephone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail: \_\_\_\_\_

**NOTE: Once payment is verified, a link to the packet will be emailed to purchaser.**

THCA MEMBER FACILITIES (A copy must be purchased for each TX facility you operate)		NON-MEMBER FACILITIES (A copy must be purchased for each TX facility you operate)
<b>Number of Texas facilities</b>		
<b>1 FACILITY</b>	\$ 500	\$850 per facility
<b>2-5 FACILITIES</b>	\$1000	
<b>6-10 FACILITIES</b>	\$2000	
<b>11-15 FACILITIES</b>	\$3000	
<b>16-20 FACILITIES</b>	\$4500	
<b>21+ Facilities</b>	\$6000	

**Total Payment Due \$ \_\_\_\_\_**

**CHECK**

**Make checks payable to:**  
 Texas Health Care Association  
 1108 Lavaca Street, Suite 500  
 Austin, TX 78701

**CREDIT CARD**

Name on Credit Card \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Expiration Date (MM/YY) \_\_\_\_\_ CVV \_\_\_\_\_

***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

Texas Health Care Association • 1108 Lavaca St., Suite 500, Austin, TX 78701 • (512) 458-1257

*“The mission of the Texas Health Care Association is to unite, represent, and support professionals who strive to improve the delivery, quality, and integrity of long term healthcare services.”*