**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**

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

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

**CHECK CREDIT CARD**

**Make checks payable to:** Name on Credit Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Texas Health Care Association Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1108 Lavaca Street, Suite 500 City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zipcode\_\_\_\_\_\_\_

Austin, TX 78701 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.***

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Purchaser-Print Name Purchaser-Signature Date