

2021 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

	Complete and emai	ORDER FORM Il Order Form to April Sartor	at acartor@tybea.org	
	complete and emai	i Order Form to April Sartor	at asartor@txnca.org	
Ownership				
			Telephone	
Mailing A	Address			
City		ZipE-Ma		
	NOTE: Once payment is vo	erified, a link to the packet v	will be emailed to purchas	er.
	THCA MEMBER FACILITIES (A	THCA MEMBER FACILITIES (A	NON-MEMBER FACLITIES (A	
	copy must be purchased for	copy must be purchased for	copy must be purchased for	
	each TX facility you operate)	each TX facility you operate)	each TX facility you operate)	
	Number of Texas facilities	1	c	
	1 FACILITY	\$ 500	\$850 per facility	
	2-5 FACILITIES	\$1000		
	6-10 FACILITIES	\$2000		
	11-15 FACILITIES	\$3000		
	16-20 FACILITIES	\$4500		
	21+ Facilities	\$6000		
Fotal Day	ment Due \$			
i Otai Fay	/illelit Due y			
CHECK		CREDIT CARD		
Make checks payable to:		Name on Credit Card		
Texas Health Care Association		Billing Address	StateZipco	
	ca Street, Suite 500	City	StateZipco	de_
Austin, TX 78701		Credit Card NumberC\ Expiration Date (MM/YY)C\		
		Expiration Date (M	IM/YY)C	.VV_

[&]quot;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."