

Instructions to Nursing Care Facility or Provider Admissions:

Admissions: When a recipient-patient is admitted to Level II or Level I nursing care, the facility/provider will complete sections I, II & III. The originals are forwarded to TNHC by fax at 1-855-315-0669 or by mail to P. O. Box 305240, Nashville, TN 37230-5240.

Discharges: When a recipient-patient is discharged from Level II or Level I nursing care, the facility/provider will complete Sections I & II.

PATIENT INFORMATION

I. Patient's Name: _____ SS#: _____
 Date of Birth: _____ Gender: Male or Female Medicaid Coverage: Yes or No
 Race: White; Black/African American; Hispanic; Asian; Hawaiian or Pacific Islander; American Indian or Alaskan Native; or Other
 PAE#: _____ Approved Denied Pending PAE Effective Date: _____
 Level of Care: Skilled or Intermediate Current Medicaid Recipient ID (if applicable): _____

NURSING FACILITY INFORMATION

II. Name of Nursing Facility: _____
 Street Address: _____ City: _____
 State: _____ Zip code: _____ County: _____
 Admission Date: _____ From: Home or Hospital [dates _____ to _____] or
 Previous Facility Name _____ [dates _____ to _____]
 Discharge Date: _____ Reason for discharge: Returned Home or Deceased or Transferred To –
 New Facility Name: _____
 Administrator Signature: _____ Date: _____

AUTHORIZED REPRESENTATIVE INFORMATION

III. Name: _____ Relationship: _____
 Street Address: _____ City: _____
 State: _____ Zip code: _____ Day Time Phone: _____

Bureau of TennCare, LTSS
 310 Great Circle Road
 Nashville, TN 37243

ATTENTION: _____

TO BE COMPLETED BY SSA: _____
 (Date Completed)

RSDI: _____
 Other Income: _____
 SSI Amount: _____
 Date of SSI Termination: _____
 TOTAL: _____