



920 Compassion Circle
Anchorage, Alaska 99504

PLACE RESIDENT LABEL HERE



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**Admission Agreement
(SMOKE FREE CAMPUSES)**

Choose One: PEC PTCC

“**Providence Extended Care,**” and “**Providence Transitional Care Center,**” collectively (d.b.a) “**Providence Anchorage Long Term Care Services**” hereinafter referred to as **PEC/PTCC/PALTCS** respectively.

_____ (resident or resident representative) agree to the following terms, conditions, and arrangements, which provide for the medical, nursing, personal care and treatments pertaining to _____ hereinafter referred to as the “**RESIDENT**”

TERMS OF AGREEMENT

This agreement takes effect on:

This Admission Agreement shall terminate upon the discharge of resident provided all charges for services and supplies are paid in full. Resident shall have the right to terminate this Admission Agreement upon thirty (30) days' written notice, provided all charges for services and supplies are paid in full.

PAYMENT FOR SERVICES

Resident or resident representative shall be responsible for the payment of all charges assessed by Facility for services and supplies provided for the resident within 30 days of receiving the assessed charges.

If resident is not covered by or eligible for Medicare, Medicaid, or the Veterans Administration, resident shall pay a rate in accordance with the current Schedule of Charges.

The daily room rate is

- \$ 1011.00 per day (PEC)
- \$ 1501.00per day (PTCC)

The resident shall be charged for the day of admission, but not for the day of discharge. Included in this daily room rate, PALTCS agrees to provide:

- Nursing Care
- Room and Board
- Laundry Service
- House Keeping Services
- Social Services
- Activity Services



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CHANGES IN CHARGES

PALTCS reserves the right to make changes to the room rate and ancillary charge structure at any time. Any changes to the room rate will be communicated in writing to the resident or resident representative 60 days prior to the effective date of such change.

ANCILLARY CHARGES

In addition to the room rate, ancillary charges may be incurred. The charges for these items cannot be established or predicted with certainty. These charges may include:

- Prescription Drugs
- Medical Supplies
- In House Physician Services
- Laboratory Fees
- Radiology Fees
- Emergency Transportation
- Personal Services
- Therapy Services
- Specialty Beds
- Wound Vac

_____ I acknowledge Providence is a teaching facility and consent for supervised clinical students being involved with my care. I understand that I may refuse care by a clinical student at any time.

PAYMENT

It is a resident’s responsibility to apply for benefits under the Medicare and/or Medicaid programs as soon as resident appears to meet the programs' eligibility requirements.

_____ **Private Pay:** The resident or resident representative, on the residents’ behalf, agrees to pay the daily room rate in advance of the month for which services are rendered, and the Ancillary Charges rendered in the previous month by the 10th day of each month.

_____ **Commercial Insurance:** The resident or resident financial representative is responsible for verifying Commercial Insurance coverage for SNF (Skilled Nursing Facility) care prior to Admission. As a courtesy, PALTCS will submit a claim to insurance. It is the responsibility of the resident or resident financial representative to pay any uncovered balances.



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_____ **Federal Blue Cross (FBC)** provides a limited benefit for SNF care. **When Medicare is your primary insurance coverage**, FBC will only pay the Medicare Part A SNF copay from days 21-30. The copay from days 31-100 of a benefit period are the responsibility of the resident. A benefit period begins the first day you are admitted to an inpatient facility and ends after you have been out of any inpatient setting for 60 consecutive days. If you remain in our facility beyond day 30, and you don't have other insurance, you will be responsible for the Medicare copay rate of \$170.50 per day. This rate applies as long as you remain in a Medicare qualifying stay and have not exhausted your maximum Medicare benefit.

_____ **Medicaid Cost of Care:** If you have been a resident of a Nursing Facility for greater than 90 days, the State of Alaska Division of Public Assistance will determine your Medicaid Cost of Care which is payable by the 10th day of each month. If you are unable to meet this billing date, please contact PALTCS Business Office to avoid further action. Residents may choose to have their checks delivered to PEC/PTCC. Resident and resident financial representative can make direct payments to on site Banker.

_____ **Medicare:** Medicare guarantees only the first **5 days** while an assessment is completed to determine whether the beneficiary meets the specific Medicare criteria enabling coverage beyond the 5 day period.

- If Medicare determines that the beneficiary requires skilled nursing or therapy services that meet the needed requirements on a daily basis, Medicare will cover:
 - Days 1 – 20 covered at 100%
 - Days 21 – 100, all costs covered excluding co-insurance **\$170.50** per day
- If Medicare beneficiary **does not meet SNF criteria**, beneficiary will receive a decertification notice 2 days prior to Medicare coverage ending. It is important to know in advance about alternative payment sources as Medicare beneficiary will be responsible for the current daily rate of PEC/PTCC plus any Ancillary charges.
- When receiving care outside the Facility, resident is responsible for notifying other healthcare providers (“Other Providers”) that resident is receiving services from a skilled nursing facility under Medicare Part A and prior to receiving such care from other providers said providers should contact Facility for appropriate coordination of care/payment.

_____ **Worker’s Compensation:** Worker’s Compensation pays at 100% of allowed charges. Some carriers have a fee schedule for therapy services. It is important to obtain pre-certification from the appropriate Worker’s Compensation Case Manager prior to Admission.



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____ **Veterans Administration:** If payment is being made by the Veterans Administration, then room and board, nursing services and ancillary services (i.e. physical therapy, pharmacy) are covered. Other services not provided by PALTCS may be covered but must be preauthorized by the Veterans Administration.

a. VA Eligibility Criteria:

- Veteran must meet service connection eligibility or
- Veteran must be at end of life (3 months or less)
- **Pharmacy Charges:** Residents whose pharmacy charges are paid privately, by commercial insurance or a non-contracted Medicare Part D plan are required to keep their account in good standing with **Providence Apothecary**. This includes, but is not limited to ensuring the pharmacy has current and accurate billing information and making timely payments to Providence Apothecary. (See Medicare Part D Contracted Plans document included in this packet)

AUTHORIZATION FOR BILLING

PALTCS is hereby authorized to furnish and release, in accordance with facility policy, such professional and clinical information as may be necessary for completion of claims by valid third party agents or agencies from the medical records originating from the stay at PALTCS.

RESERVATION OF ROOM

The resident may request that their room be held when they are absent from the facility overnight, for any reason. The resident may be charged 85% of the current daily rate of **\$ 1011.00 (PEC)** or **\$ 1501.00 (PTCC)** between the 5th day and the residents return.

If the resident is receiving **Medicaid**, 12 days a year for therapeutic leaves of absences will be paid. The resident may request that PALTCS hold the room longer, but the resident will be responsible for 85% of the current daily rate for PEC or PTCC.

Medicare does not pay for any bed hold days if a resident is gone from the facility overnight for any reason. The room may be held according to the PALTCS Bed Hold Policy. Residents may leave the facility to participate in activities without losing their Medicare coverage.



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- Medicare Benefit Policy Manual recognizes that, although most beneficiaries are unable to leave the facility, an outside pass or short leave of absence for the purpose of attending a special religious service, holiday meal, family occasion, going on a car ride, or for a trial home visit is not, by itself evidence that the individual no longer needs to be in a SNF for the receipt required skilled care. If a resident decides to take an overnight Leave of Absence, then the resident will be responsible for payment, which would be our current daily rate of **\$ 1011.00 (PEC) or \$ 1501.00 (PTCC)**.
- If a resident is hospitalized 5 days or greater (PTC) 14 days or greater (PEC), there will be contact from PALTCS to resident or resident representative to discuss desires to hold or release their bed. If the resident chooses not to hold their bed, they will be readmitted to the next available bed upon readmission to PALTCS.

DESIGNATION

The resident designates _____, a person other than the owner and agent or employee of the PALTCS, unless such owner, agent or employee of the nursing home is related to the resident, to be his/her representative for any and all purposes. This representative incurs **no financial liability** on behalf of the resident.

PROTECTED HEALTH INFORMATION/RELEASE OF INFORMATION

All residents’ personal and health information is confidential and will only be used by individuals involved with caring for or conducting business activities for our residents. For examples of how this information may be used, and for PALTCS’ privacy practices, please see the “Joint Notice of Privacy Practices” notice included in this packet. Additional copies are available upon request.

PALTCS has the right to obtain information regarding the resident’s care from the resident’s physician and other facilities where the resident has been cared for. PALTCS has the right to forward such information as necessary to other health professionals concerning the resident’s condition for medical consultation, transfer to another health care facility, or when required by law.

VALUABLES

Residents are asked not to bring items of high monetary value to the facility. It is the resident responsibility to ensure valuables such as laptops/tablets; cash and expensive jewelry are not left unsecured. A locked drawer can be made available upon request. The facility safe may be



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used to lock valuables for a short term basis. Contact the Banker for assistance in securing valuables. Report lost items by telling any staff member.

PHOTO RELEASE

Authorization for photos/pictures taken of me as a resident for the purpose of:

- Identification relating to my care
- Attached to medical reports that may be forwarded to other entities for the purpose of continuity of care, for payment or other reasons as authorized
- As a record of my participation in activities photos may be used for in-house displays and this release is good for the length of my stay at PALTCS

SMOKING

PALTCS is an entirely smoke-free campus for residents, families, visitors and staff. This includes the use of any form of electronic or e-cigarettes or marijuana. No smoking will be allowed in any area of the interior of the building or on the outside grounds of the facility. Consumption of marijuana, in any form, is not permitted on the Providence Extended Care Campus. Those who violate this policy will be given a 30 day notice to discharge from the facility.

_____ Please initial here indicating you understand our non-smoking policy including e-cigarettes and marijuana.

OFF CAMPUS MEDICAL APPOINTMENTS

PALTCS will arrange any necessary off-campus medical appointments for PALTCS residents. In the event the resident requires an escort for any such appointment it is generally expected that the resident or resident representative provide a responsible individual to fulfill this role. Exceptions would include a resident who would require licensed/certified staff to provide nursing care while the resident is out for an appointment.

IMMUNIZATIONS

For the health and wellbeing of all residents, PALTCS immunizes all residents following the Center for Disease Control (CDC) guidelines with the following vaccines: Influenza, Tetanus/Diphtheria, and Pneumovax. Varicella (Zoster) and other immunizations are also provided if clinically indicated. Exceptions to immunization include: identified contra-indication, allergy, documented proof of current immunization status, or resident declines vaccination. Immunization information statements from the CDC are included with this admission packet.



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TB SCREENING

PALTCS screens regularly for TB infection (LTBI) and active TB disease. A screening chest x-ray along with a TB symptom review is required for all persons within 60 days prior to admission. Persons with untreated active TB disease cannot be admitted to a PALTCS facility. Upon admission, all new residents without a history of TB or a prior positive TST (tuberculin skin test) or a positive QTF-G (Quantiferon Gold) will receive a Quantiferon Gold screening within 72 hours of admission. TB screening by QTF-G lab test/or a TB symptom review will be repeated annually and as needed without exception.



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ADMISSION AGREEMENT UNDERSTANDING

I hereby acknowledge that I have received the following supportive Admission Agreement documents which contain detailed information on subjects addressed in this agreement. I further acknowledge that they have also been explained to me orally:

- Welcome Letter (PTCC)
- Schedule of Charges
- Medicare Part D Contracted Plans
- Joint Notice of Privacy Practices (Pamphlet)
- Immunization Information Statements
- Resident Handbook
- Advance Directives
- Privacy Act Statement
- Authorization for Resident Trust Account
- Rep Payee Contract (PEC)

The Admission Agreement and above documents are hereby understood and meet with the resident's/resident representative approval. The resident/resident representative has read the above agreement or it has been read to the resident/resident representative. The resident/resident representative fully understands and agrees to the above terms and conditions. The resident/resident representative acknowledges receipt of a copy of this document.

RESIDENT/RESIDENT REPRESENTATIVE SIGNATURE

DATE

RELATIONSHIP

DATE

PALTCS REPRESENTATIVE

DATE