



**2007 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, and Disclosures and Authorizations

**Prepared by Kelly A. McDonald
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ORDER FORM

Ownership _____ No. TX Facilities _____
Person Requesting _____ Telephone _____
Mailing Address _____
City _____ State _____ Zip _____

THCA MEMBER FACILITIES

(A copy must be purchased for all TX facilities)

Number of TX facilities _____
1 FACILITY \$ 300
2-5 FACILITIES \$ 550
6-10 FACILITIES \$1700
11-15 FACILITIES \$3000
16-20 FACILITIES \$4500
21+ Facilities \$5950 plus (prices on request)

NON-MEMBER

(A copy must be purchased
for all TX facilities @ \$650 per facility)

Total Enclosed \$ _____

Make checks payable to:
Texas Health Care Association
P.O. Box 4554
Austin, TX 78765

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**

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