

Eddy Nursing Homes Application for Admission



The Eddy
Northeast Health

Thank you for your interest in The Eddy. We are proud to staff and manage three of this area's most-respected and highly rated nursing homes. When you or a loved one comes to an Eddy nursing home, you join our family.

We understand that completing the necessary paperwork can be daunting and have attempted to make it as easy as possible. In addition to the Universal Application form, we also kindly request that you answer some additional questions on this Eddy Nursing Home Application.

General Information

Date: _____

Applicant's Name: _____
Last First Middle Initial

Home Address: _____
City State Zip

The Resident and Agents confirm that they have provided the Facility, on the Universal Application, a complete list of the Resident's current Financial Agents, and all Powers of Attorney, Guardianship Commissions or other documents authorizing an agent to act for the Resident or to have access to or control of any applicant's assets, e.g. access to joint ownership of bank accounts, stocks, or Social Security. Furthermore, they agree to inform the Facility of any future appointments or revocations immediately.

Initials: _____

Health Insurance Information

Social Security #: _____

Medicare #: _____ Part A Part B Part C Part D

Medicaid #: _____

Medical Insurance: _____

Long-term Care Insurance: _____

Primary Care Physician: _____

Preferred Hospital: _____

The Resident, or the legal representative of the Resident, hereby directs all the Resident's Agents, including future appointees, (1) to meet all payment obligations for the cost of nursing home care from the Resident's assets and/or from insurance coverage; (2) to cooperate in obtaining Medicaid coverage, if needed; and (3) to manage the Resident's assets responsibly so that the facility is not in a position where it is denied payment for the cost of care from the Resident's funds and from Medicaid.

Initials: _____

