

MONTHLY CARE CERTIFICATION

1. Resident name _____ Policy # _____

2. Facility name _____

Tel (____) _____ Fax (____) _____

This form must be completed in full by the Director of Nursing/ Charge Nurse. Please submit the corresponding itemized bill for the month listed below in order to be considered for payment.

3. Prior month's dates of stay ___ / ___ / ___ through ___ / ___ / ___ If discharged, date ___ / ___ / ___
 Discharged to: home other (explain) _____

4. Any overnight leaves of absence? no yes *If yes, complete the following:*
 Left ___ / ___ / ___ Returned ___ / ___ / ___ to hospital other _____
 Left ___ / ___ / ___ Returned ___ / ___ / ___ to hospital other _____

5. Bed hold charge? yes no

6. Are any of above dates covered by **MEDICARE**? yes no If yes, list Paid-in-Full and Coinsurance dates:

7. Care Level: Skilled Intermediate Assisted Living Other _____

8. Current Diagnosis: _____

9.

Activities of Daily Living (ADLs)	Eating	Bathing/ Showering	Dressing	Indoor mobility/ walking	Getting in/out of bed/chair	Toileting	Continen- ce bladder /bowel
Supervision or Stand-by Assistance Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hands-on Assistance Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

10. Medication: Self Administer Requires Assistance

For your protection, state insurance laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Please refer to the accompanying page for mandated state-specific fraud language.

11. Signed _____ Title _____ Date ___ / ___ / ___

Penn Treaty Network America Insurance Company (In Rehabilitation)
 (Penn Treaty Network America Life Insurance Company in California)
 American Network Insurance Company (In Rehabilitation)

ATTN Claims Department :: PO Box 7066 :: Allentown, PA 18105-7066



FRAUD STATEMENT

For your protection, certain states require specific mandated fraud language to be included on all claim forms. Other states permit the use of a more generalized fraud statement.

California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

All Other States Not Listed Above

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim for payment of a loss or benefit containing any false, incomplete or misleading information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be prosecuted under state law. Penalties may include imprisonment, fines, denial of insurance or insurance benefits, and civil damages. Insurance fraud is considered a felony offense in Delaware, Florida (third degree), Idaho, Indiana and Oklahoma.