

Tuscola County Medical Care Community

Your Care Partner in Skilled Nursing and Rehabilitation Therapy

1285 CLEAVER ROAD ♦ CARO, MICHIGAN 48723

PHONE (989) 673-4117 ♦ FAX (989) 673-6665

ADMISSION APPLICATION

Name: _____ Phone: _____ Cell: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home County: _____ Place of Birth: _____

SEX: Female / Male Age: _____ DOB: M _____ D _____ Y _____ Social Security #: _____ - _____ - _____

Civil Status: _____ Occupation: _____ Religion: _____

Military Service: Yes, _____ / No _____ U.S. Citizen: Yes No Primary Language: _____

Primary Care Physician: _____ Phone: _____

Funeral Home Choice: _____ Phone: _____

Address: _____

INSURANCE INFORMATION: ** MUST PROVIDE ALL INSURANCE CARDS UPON ADMISSION**

Medicare No.: _____ (Effective Date) Hospital Ins.(A): _____ Medical Ins(B): _____

Medicare Part D Plan: _____ Medicaid No.: _____

Blue Cross No.: _____ Group No.: _____ VA Status and No.: _____

Other Insurance's: _____

Does applicant have a DPOA, DMPOA, or Guardian? Yes No **Must provide copies upon admission**

Name of person responsible for patients payment to the Medical Care Facility:

1) Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell: _____

Person(s) to contact in case of emergency:

1) Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell: _____

2) Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell: _____

3) Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell: _____

Signed: _____ Date: _____