

<recipient> Medicaid ID # <00000000000>

**Patient Liability**

Patient Liability is the cost assessed for patient care, and cannot be used for any other purposes or held by the facility when the patient is discharged to another living arrangement, or if the patient expires mid-month. Nursing facilities must refund any remaining patient liability balance to the recipient, their legal representative, or the MER program as required.<sup>1</sup>

Status of Patient Liability refund:

Amount: \$ \_\_\_\_\_

Still Pending. Reason:

\_\_\_\_\_

Expected release date: \_\_\_\_\_

Remitted to MER Date: \_\_\_\_\_ or  Enclosed

Disbursed to: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Surviving spouse/next of kin/contact person handling the affairs of the patient:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Please provide any other helpful information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

<sup>1</sup> Medicaid Services Manual, Chapter 500, Section 503.13B