

<recipient>, Medicaid ID #: <00000000000>

**Patient Trust Fund**

A nursing facility must convey the patient's personal funds and a final accounting of those funds to the individual or probate jurisdiction administering the estate.

Trust Fund Disposition:

Amount: \_\_\_\_\_ Date of Release: \_\_\_\_\_

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: \_\_\_\_\_