

<recipient>, Medicaid ID #: <00000000000> Recovery Specialist < name >

PATIENT TRUST FUND

Patient Trust Fund is a financial account set up from a resident’s fund to use for their personal needs and cannot be used for any other purpose. These funds may not be held by the facility when the patient is discharged to another living arrangement or if the patient passes away. Furthermore, these funds may not be used towards past due balances for the patient liability accounts. A nursing facility must convey the patient’s personal funds and a final accounting of those funds to the individual, their legal representative or the MER program as required..

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: _____