

Northern Lights Services, Inc., DBA
Northern Lights
HEALTH CARE CENTER
706 Bratley Drive – Washburn, WI 54891
(715) 373-5621
Fax (715) 373-2790

ADMISSION AGREEMENT

CARE AND SERVICES

Northern Lights will provide the nursing care and other services set forth in this Agreement. The Resident consents to the administration of such services as are required for the Resident's well-being, health, and safety. The facility agrees to inform the Resident of treatment options and involve the Resident in planning his/her care and treatment programs.

CONSENT FOR TREATMENT

NURSING FACILITY SERVICES By signing this Agreement, the Resident consents to the Facility providing routine nursing and other health care services as directed by the attending physician. From time to time, the Facility may participate in training programs for persons seeking licensure or certification as health care workers. In the course of this participation, care may be rendered to the Resident by such trainees under supervision as required by law. Consent to routine nursing care provided by the Facility shall include consent for care by such trainees.

FINANCIAL ASPECTS OF THE AGREEMENT The staff of this Facility will take whatever time is necessary to answer all of your questions about these topics. Please continue to ask questions until you believe that you understand.

PRIVATE ROOM RATE Private rooms have a surcharge that is waived for short term stay Patients. Upon decision to stay long term, or if stay exceeds 100 days, Resident agrees to pay private room rate or move to a double room.

AGENT AND/OR LEGAL REPRESENTATIVE If the Resident is unable to make decisions for himself, an Agent and/or Legal Representative (Power of Attorney for health care or guardian) may be available to make certain decisions on behalf of the Resident. These terms are defined below:

LEGAL REPRESENTATIVE Legal Representative is defined as a person recognized under State law as having the authority to make health care and/or financial decisions for the Resident. The Legal Representative may or may not be court appointed. A Legal Representative may be an attorney-in-fact acting under a durable power of attorney for health care, Power of Attorney for Health Care (POA-HC) guardian, or other person allowed to act for the Resident under State Law. If Legal Representative status has been conferred by a court of law or through appointment by the Resident, verification of such status must be provided to the Facility at the time of Admission.

AGENT

An Agent is a person who manages, uses, or controls funds/assets that may be legally used to pay the Resident's charges or who otherwise acts on behalf of the Resident. The Agent's financial obligations are limited to the amount of the funds received or held by the Agent for the Resident. The Agent does not assume responsibility for payment of costs of the Resident's care out of the Agent's personal funds. However, the Agent is contractually bound by the terms of this agreement and may become liable for failure to perform duties under the Agreement. **THE AGENT IS REQUIRED TO SIGN THIS AGREEMENT FOR ADMISSION, AND AGREES TO DISTRIBUTE TO THE FACILITY, FROM THE RESIDENT'S INCOME OR RESOURCES, PAYMENT WHEN DUE FOR ITEMS/SERVICES PROVIDED TO THE RESIDENT.** The Agent is required to produce financial documentation as proof of the Resident's ability to pay for charges when due. **Wherever this Agreement refers to the Resident's financial obligations under this agreement, "Resident" shall be construed to include the obligations of Agent to act on behalf of Resident.**

FINANCIAL ARRANGEMENTS

Private Residents. A Resident is considered Private (or Private Pay) when no State or Federal program is paying for the Resident's Room & Board. A private pay Resident may have private insurance or another third party that pays all or some of his or her charges.

Communicating Changes in Assets. It is essential for the Resident to communicate changes in the Resident's assets or resources to the Facility as soon as possible. The Facility needs to know if the Resident's private funds are going to be depleted so that other arrangements for payment can be made. Generally, when private funds are depleted, the Resident applies for Medicaid (Title XIX) assistance, and the application processing time can be lengthy. The Facility wants to ensure that, if the Resident runs out of private monies, he or she will still be able to pay for the services provided by the Facility.

Daily Rate. The Facility's private pay daily rate is provided in the current price list, and billed at the beginning of each month. The Resident agrees to pay promptly upon receipt of his or her monthly billing. The Resident will be provided with a list of supplies and services included in the Facility's daily private rate and those supplies and services which are not covered by the daily private rate for which the Resident will be separately charged. A detailed list of and charges for supplies and services not covered by the rate is maintained in the Business Office and is available for review during normal business hours.

Private Pay Rate Adjustments. The Facility may occasionally need to increase the daily rate or optional service charges. If this happens, the Resident shall receive written notice of the rate adjustment. When a notice of a rate adjustment is received, the Resident can choose to end this Agreement. Any rate increase shall be considered as agreed to by all parties when a notice is mailed, unless the Facility is notified to the contrary in writing within ten (10) days of the mailing. If the Resident does not agree to the rate increase, the Resident agrees to leave the Facility no later than the day before the rate increase becomes effective. If the Resident fails to leave by this date, the Resident shall be considered to have consented to the increase.

Private Insurance. Even when there is private insurance coverage, the Resident remains primarily responsible for paying all Facility charges. All charges not covered by the third party payer are also the responsibility of the Resident. These non-covered charges include any coinsurance and/or deductible amounts required by the third party payer, to the extent allowed under Federal and State laws.

APPLYING FOR MEDICARE/MEDICAID ASSISTANCE

This facility makes no guarantee of any kind that the Resident's care will be covered by Medicare, Medicaid, or any third party insurance or other reimbursement source. The facility, its agents and associates are hereby released from any liability or responsibility for the Resident's potential claim for any failure to obtain such coverage.

MEDICAID ASSISTANCE: With respect to applying for and receiving Medicaid (Title XIX) assistance, the Resident agrees to the following:

Communicating Asset Status/Applying Promptly for Benefits. At some future date, the Resident's assets may be reduced to a point where the Resident does not have sufficient monthly income to pay for cost and services. In this case, the Resident agrees to inform the Facility immediately of the status of the Resident's assets.

Qualifying for Medicaid Assistance. If the Resident elects coverage under the Medicaid Assistance Program, the Resident agrees to act as quickly as possible to establish and maintain eligibility for Medicaid. The Resident agrees to provide all information requested for completion of the Medicaid application to meet any deadlines set by the applicable State/County Medicaid Program. The Resident agrees to keep the Facility informed of the status and progress of the Medicaid application.

Transferring Assets. If the Resident transfers assets, this transfer may disqualify the Resident for Medicaid assistance and/or cause a discontinuance of the Resident's Medicaid benefits. The Resident acknowledges that this may result in the need to become private pay status.

Continuing Payment of Facility Charges Pending Eligibility. When an application for Medicaid assistance has been filed, the Resident agrees that:

- while the Resident's application is "pending", the Resident's estimated share of cost (as described in the following paragraph) shall be paid to the facility.
- once the Resident is determined to be eligible for Medicaid assistance, the amount of the Resident's share of cost shall be paid to the Facility each month. This monthly share of cost is determined by the State/County Medicaid Program and may be referred to as Private Portion, Share of Cost, Patient Liability, Patient Resource, etc. Any changes in Resident liability will be communicated to the Facility on a timely basis.

Agent Controlling Resident's Funds. If the Resident's Agent has control of or access to the Resident's income and/or assets, the Agent agrees to use these funds for the Resident's welfare, including for care and services provided to the Resident as specified in the terms of this Admission Agreement.

Providing Financial Information. The Resident certifies that any financial information regarding the Resident's income and assets required by the Facility and provided by the Resident is complete and accurate.

MEDICAID RESIDENT- A Medicaid Resident is one who receives benefits from the State Medicaid Program for a majority of his or her Room & Board charges. Medicaid may or may not cover charges for additional services/items provided by the Facility. The following apply to Medicaid Residents:

* **Daily Rate Payment.** On admission, the Resident will be provided a list of supplies and services not paid for by the Medicaid program, for which the Resident will be separately charged. A detailed list of and charges for supplies and services available in the Facility but not covered by the daily rate under the Medicaid program is maintained in the Social Service Office available for review during normal business hours, as well as enclosed in the Admissions Packet.

***Termination of Coverage.** The Resident may remain in the Facility for as long as he or she is certified eligible for Medicaid payment, or for as long as any share of cost owed by the Resident is paid as due. A Resident who remains in the Facility after Medicaid coverage has expired or been retroactively terminated or denied must pay Facility charges as a Private Pay Resident. In this event, the Resident will pay based on the private rates, charges, and terms in effect at the time of service.

* **Resident's Share of Cost.** The Medicaid program reviews the available monthly income of all persons requesting Medicaid assistance. Based on this review, the Medicaid program requires most Medicaid Residents to pay for a reasonable share of the cost of their care. Payment of that share is the responsibility of the Resident. The State can change the Resident's share of cost at its discretion.

MEDICARE RESIDENT – A Medicare Resident is one who receives benefits from the Federal Medicare Program for his or her nursing home care. Some additional items and services may be covered by Medicare. The following apply to Medicare Residents:

Daily Rate Payment. On admission, the Resident shall be provided a list of supplies and services generally paid by the Medicare program; this list is also available in the Social Service Office, and those supplies and services not paid for by the Medicare Program will be separately charged to the Resident.

• **Limited Coverage.** The Resident understands that Medicare coverage is established by Federal guidelines and not by the Facility. Medicare coverage is limited in that only a specified level of care is covered for a specified number of days (benefit period). If the Resident no longer meets Medicare coverage

criteria, coverage can be ended before the use of all allotted days in the current benefit period. **Appeal:** You will receive from the facility a Notice anticipating a date for no longer being covered by Medicare. It also outlines your “Right to Appeal” and “How to ask for an immediate appeal”. To appeal or if you have any questions, call:

MetaStar, Inc. (800) 362-2320

- **Demand Billing:** Resident may request that the Facility submit Resident’s bill to the intermediary for a Medicare decision. If you do not receive a formal Notice of Medicare Determination within 90 days of this request you should Contact:

**US DEPARTMENT OF HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BLVD.
BALTIMORE, MD. 21244-1850
1-800-633-4227**

Expiration of Benefits. Prior to admission, the Resident must be able to demonstrate the ability to pay (either privately or through Medicaid assistance) for Facility services rendered after Medicare benefits expire. When Medicare coverage expires, the Resident may remain in the Facility if private pay or other payment arrangements have been made. If the Resident wishes to be discharged from the Facility upon expiration of Medicare benefits, he or she must so advise the Facility at the time of the Resident’s admission.

Coinsurance and Deductibles. The Resident is responsible for payment of any Medicare coinsurance and/or deductibles.

PAYMENT INFORMATION

OBLIGATION TO PAY TIMELY

Facility charges for services provided shall be billed monthly to the Resident at the end of each month. The charges are due and payable promptly upon receipt. If a Resident is required to vacate for failure to pay, the Facility shall provide advance notice as set forth in the Resident’s Right section of this Agreement. This notice shall be considered received either on the actual date of receipt or Five (5) days after mailing, whichever occurs first.

BED HOLDS

The Resident may need to be absent from the Facility temporarily for hospitalization or therapeutic leave. The Resident may request that the Facility hold open the Resident’s bed during this time. This is known as a “bed hold”. The Resident and a family member or legal representative shall receive and sign a notice of the bed-hold option at the time of hospitalization or therapeutic leave, and this notice will also be sent with the Resident upon departure to the hospital and/or therapeutic leave.

MEDICAID RESIDENTS

If the Resident's care is paid under the Medicaid program, Medicaid may pay for a certain number of bed-hold days. This is normally a facility issue and under most circumstances does not apply to any Resident billing or debts owed as a result of. If the Medicaid Resident's hospitalization or therapeutic leave exceeds the bed-hold period paid under the Medicaid program, the Resident may request an additional bed-hold period from the Facility by agreeing to pay the applicable daily rate during the additional bed-hold period. Otherwise, the Resident shall be readmitted upon the first availability of a bed in a non-private room as long as the Resident 1) requires the services provided by the facility, and 2) is eligible for Medicaid nursing services.

PRIVATE AND MEDICARE RESIDENTS- Any Private or Medicare Resident may request a bed hold from the Facility. A Resident's private insurance may or may not pay for bed-holds. The Medicare program does not reimburse for bed-holds; however, if the Medicare Resident is also Medicaid eligible, some Medicaid programs may pay for a certain number of bed-hold days. Otherwise, a Private or Medicare Resident requesting a bed-hold must pay the Facility's private daily rate for the bed being held during the bed-hold period.

PERSONAL FUNDS

- Each resident has the right to deposit funds in a personal fund account that is separate from any facility operating accounts. Those residents with a balance greater than \$50.00 will be issued interest earned on said funds.
- The facility ensures a separate accounting system for each resident. A statement is provided at a minimum each quarter and on an as needed basis.
- The facility shall ensure the security of all personal funds deposited with the facility.
- The resident is required to sign a release, authorizing the facility to keep funds for the resident, as well as to outline the type of expenditures these funds will be used for (i.e., cable bills, hair styling, personal items above and beyond those services covered by his or her pay source).
- A small petty cash fund is available to residents after business hours/weekends/holidays. This is also kept in a secure area and handled through the charge nurses only.
- Any funds remaining in the resident's account at the time of discharge/death will be refunded to the appropriate individual within 30 days.
- The personal fund balances of residents who receive Medicaid benefits must remain within a certain dollar range to satisfy State and Federal laws. A balance in excess of this limit may cause the resident to lose eligibility for Medical Assistance or SSI.

TERMINATION OF AGREEMENT

RIGHT TO TERMINATE

The facility shall not transfer or evict the Resident solely as a result of the Resident Changing his or her manner from Private or Medicare to Medicaid.

PERSONAL PROPERTY OF RESIDENT UPON DISCHARGE

The facility shall make reasonable efforts to safeguard the Resident's personal belongings after discharge. The facility may dispose of any property left by the Resident if not claimed within thirty (30) days of discharge or transfer, or in Accordance with applicable State Law.

REFUNDS

The balance of personal funds shall be refunded promptly after the Resident's date of Discharge. If a Resident is retroactively approved for Medicare or Medicaid benefits, previous payments made which will be covered by the Medicare or Medicaid programs will be refunded promptly in accordance with the Facility refund policy. Contact the Facility Business Office for details on the refund policy.

ENFORCEMENT OF THIS AGREEMENT

This Agreement, along with any documents attached or included by reference, is the only agreement between the Facility and parties. The Facility reserves the right to make changes in this agreement and will promptly notify all parties of the changes. If changes in State or Federal law or Facility policy change or make any part of this Agreement invalid, the remaining terms shall stand as a valid agreement as well as the new changes.

RESIDENT'S RIGHTS AND RESPONSIBILITIES

NON-DISCRIMINATION STATEMENT

The Facility welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, religion, or gender. The Facility does not discriminate among persons based on their sources of payment.

PHYSICIAN SERVICES

The Resident acknowledges that he or she is under the medical care of a personal attending physician and the Facility provides services based on the general and specific instructions of this physician. Resident/Agent is responsible for retaining physician who will follow Resident to Facility. The Resident recognizes and agrees that such physicians are not associates or agents of the Facility, and that the Facility's liability for any physician's act or omission is limited. The Resident shall be solely responsible for payment of all charges of any physician who renders care to Resident in the Facility.

RIGHT TO REFUSE TREATMENT

The Resident has the right to refuse treatment and to revoke consent for treatment. The Resident also has the right to be informed of the medical consequences of such refusal or revocation of consent, and to be informed of alternate treatment available. Where, in the opinion of the attending physician or by judgment of a court of law, the Resident is determined to be mentally incompetent to make a decision regarding refusal of treatment, the decision to refuse treatment may be made by a Legal Representative or other surrogate decision-maker, subject to State and Federal law.

RESTRAINTS

The Resident has the right to be free from any physical or chemical restraints administered for the purpose of discipline, convenience or family wishes, and not required for treatment of medical conditions. It is the policy of the Facility that all residents remain free from restraints, unless indicated in writing by the attending physician that specifies the duration and circumstances under which the restraints are to be used.

RESIDENT'S PERSONAL PROPERTY

The Facility strongly discourages the keeping of valuable jewelry, papers, large sums of money, or other items considered of value in the Facility. The Facility shall make reasonable efforts to safeguard the Resident's property/valuables that the Resident chooses to keep in his or her possession. The Facility is not responsible for Resident's personal property unless it agrees to safeguard any particular item. The Resident agrees to inform the Facility and make an inventory list of all valuable property upon admission. If, at any time during the Resident's stay, new items of value are added to the Resident's possessions in the Facility, the Resident also agrees to so inform and add new possessions to the inventory list.

RESIDENT'S RECORDS

CONFIDENTIALITY

Information included in the Resident's medical records is confidential.

Unauthorized persons shall not be allowed to review these records without the Resident's written authorization, except as required or permitted by law.

Maintaining the privacy of your health information is important to us. We have included in your admissions information our Notice of Privacy Practices.

PHOTOGRAPHS

The Resident agrees to allow the Facility to photograph or videotape the Resident as a means of identification or for health related purposes. The photographs or videotapes may also be used to help locate the Resident in the event of an unauthorized absence from the Facility, but shall otherwise be kept confidential. If the Facility intends to use the photograph or videotape for purposes other than those noted above, the Facility shall get written permission from the Resident in advance of such use. The Resident retains the right to refuse the taking of the photograph at any time.

THE RESIDENT'S DUTIES

RULES AND REGULATIONS

- The Resident agrees that the Facility may, to maintain orderly and economical operations, adopt reasonable rules and regulations to govern the conduct and responsibilities of the Resident. The Resident agrees to follow those rules and regulations and hereby acknowledges that he or she has been given a written copy of such rules and regulations. It is understood that the rules and regulations may be amended from time to time as the Facility may require. Any changes to the rules and regulations shall be given to the Resident in writing.

RESIDENT GRIEVANCES

- Residents are urged to bring any grievances concerning the Facility to the attention of the Facility administrator or designee. Residents also have the right to contact the State Facility licensing agency, the long term care ombudsman or both, to register grievances against the facility.

Ombudsman: Bd. on Aging
214 N. Hamilton St.
Madison, WI. 53703-2118
1-800-815-0015

Survey/license: Bureau of Quality Compliance
1 W. Wilson St. Room 118
P.O. Box 309
Madison, WI. 53701-0309
1-608-266-8847

DIET

- The Resident understands that his or her diet is medically prescribed, and therefore must be monitored by the Facility. The Resident agrees to consult with Nursing or Dietary staff regarding food or beverages brought into the Facility.

MEDICATIONS

- No medications or drugs may be brought upon Facility premises unless the medications or drugs are labeled according to the requirements of State and Federal law. Packaging of medications must be compatible with the Facility's medication distribution system. No drugs or medications may be brought into the Facility unless they are delivered to the nurse's station. MD order required for all prescription and over-the-counter medications.

SMOKE-FREE FACILITY

- Northern Lights Health Care Center is a smoke-free Facility and campus. No smoking is allowed in the building or on the grounds.

CARE OF FACILITY'S PROPERTY

- To preserve the value of the Facility's property for future resident's use, the Resident agrees to use due care to avoid damaging the facility's property and premises. The Resident shall be responsible for repair or replacement of the Facility's property damaged or destroyed by the Resident. However, the Resident shall not be responsible for such damage as is to be expected from ordinary wear and tear.

FIREARMS PROHIBITED

No firearms may be brought into or stored in Northern Lights' facilities.

CARE OF THE RESIDENT'S ROOM

The Facility encourages the Resident to have a homelike environment, and will attempt to accommodate reasonable requests to individualize resident rooms. For safety reasons, the Facility must approve any addition or rearrangement of furniture, hanging of pictures, posters, or other similar activities.

TRANSFERS AND DISCHARGES

The facility shall give notice to the resident, the resident's physician and, if known, a family member or legal representative of the resident, of transfer or discharge as follows:

- Where legally required, this notice shall be given at least thirty (30) days prior to the resident's transfer, or discharge.
- In cases where the safety or health of the resident or other individuals in the facility may be endangered, or if other legal reasons exist, notice may be given as soon as practicable before transfer or discharge.
- The reason(s) for the transfer/discharge shall be provided at the time of notice of transfer/discharge.

Notice will include information regarding the right to appeal a transfer/discharge. The facility shall only transfer or discharge a resident under the following conditions:

- The transfer/discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.
- The transfer/discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.
- The safety of individuals in the facility is endangered.
- The health of individuals in the facility would otherwise be endangered.
- The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility.
- The facility ceases to operate.

RECEIPT OF NOTICES OF PRIVACY PRACTICES

My signature on this form acknowledges that I have received a copy of Northern Lights Health Care Center's Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Northern Lights Health Care Center and of my rights with respect to my health information. I have been provided with the opportunity to discuss any concerns I may have regarding the privacy of my health information

Northern Lights Services, DBA
Northern Lights
HEALTH CARE CENTER
706 Bratley Drive- Washburn, WI. 54891
(715) 373-5621

ADMISSION AGREEMENT SIGNATURE PAGE

Resident Name: _____ Date of Admission _____
Medical Record #: _____

CONSENT FOR REHABILITATION THERAPY TREATMENT

- I consent for this provider to render: OT ST PT as physician recommends.
- I consent to be treated in areas not totally separate from other persons.
- I am aware of the diagnosis/prognosis.

ASSIGNMENT OF BENEFITS

- I request and authorize my insurance company / Medicare / Medicaid / VA / Tribe to make payments of authorized benefits on my behalf to this provider. Copies of cards and all numbers are attached.
 - I agree to pay for any deductible, coinsurance, unauthorized, non-covered, or unpaid services related to my treatment.
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NOTIFICATION AUTHORIZATION

I authorize staff to talk to the following persons regarding my condition and any changes:
1st contact: _____ 2nd contact: _____
Others: _____

For my financial affairs, staff may contact:
1st contact: _____ 2nd contact: _____

THE UNDERSIGNED HAS READ OR REVIEWED THE ADMISSION AGREEMENT, THERAPY CONSENT, ASSIGNMENT OF BENEFITS, PRIVACY PRACTICES AND UNDERSTANDS THE TERMS AND CONDITIONS AS STATED. THE PARTIES HAVE ENTERED INTO THIS AGREEMENT ON THE DATE SHOWN BELOW:

RESIDENT: _____ DATE: _____
(Signature)

RESPONSIBLE PARTY: _____ RELATIONSHIP: _____
(Signature)

Staff member present: _____

(Rev 11/11)