N914 S914 FACILITY NOTICE-APPROVAL TEMP STAY

We have approved long term care payment for the following resident of

your facility:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long term care payment begins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This approval is for temporary care only. If you expect this resident

to stay past\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, call the local DCF office.

The patient liability is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

It will remain this amount until we notify you of a change.