PAYMENT OPTIONS 2016

NURSING HOME INSURANCE:

If you have nursing home insurance when you are admitted to Rosewood, you should contact your insurance agent so that they are able to explain the claim filing process to you. Please inform Rosewood's accounts receivable clerk of this process. If payment from the insurance company is made to you, it is your responsibility to make payment to Rosewood on a timely basis.

MEDICARE:

Medicare is a federal insurance program for people 65 years or older and certain disabled people. There are two parts to the Medicare Health Insurance Program:

Part A - covers inpatient care in the hospital, skilled nursing facility and some home health care. The premium for this coverage is automatically deducted from your social security check, before you receive the check.

Part B - covers outpatient services, professional care by physicians and a number of other medical services and supplies. You must have applied for and paid additional premiums to have this benefit.

PART A

After a three day acute stay in the hospital, **Medicare Part A** may help pay for certain inpatient care in a participating skilled nursing facility, if your condition still requires daily skilled nursing or rehabilitation services and these services can only be provided in a skilled nursing facility.

There are conditions which must be met to be eligible for coverage in the skilled nursing facility. If the conditions are met, **Medicare** may pay toward the stay for the first 20 days of medically necessary inpatient skilled nursing facility care during a benefit period. For the next 80 days, **Part A** pays all but **$161.00 per day (in year 2016)**. That much is your co-payment.

If you are eligible for coverage, **Medicare Part A** covers the cost of a semi-private room, all your meals (including special diets), regular nursing services, physical, occupational and speech therapy, drugs, medical supplies and appliances furnished by the facility.

One thing to be aware of, **Medicare's** guidelines for Skilled Care differ from other guidelines. **Medicare Part A** will not cover your stay in a skilled nursing facility if the services you receive are mainly personal care or custodial services, such as help in walking, getting dressed, getting in and out of bed, personal hygiene or taking medications.

Medicare's main guideline is that the services received must be done on a daily basis and completed by a professional. For an individual to receive **Medicare** payments, they must have been hospitalized with an acute stay for at least three consecutive days and then be placed in a skilled care facility within 30 days after hospital discharge.

Within 24 hours of admission to Rosewood, you will be informed if your stay will meet **Medicare** criteria and therefore be covered. If you disagree with the decision, a claim can still be submitted to **Medicare** and they will make the determination if your stay is eligible to be covered or not. You can also appeal **Medicare's** decision. **For additional information on Medicare coverage visit the website www.medicare.gov If you have a Medicare replacement plan, contact your company for coverage explanations.**

PART B

Under **Medicare Part B**, 80% of reasonable charges for covered services is paid, after a deductible is met each year. The 20% remaining is the responsibility of the insured individual. Some of the services covered by **Part B** are doctor's services, ambulance service, X-ray, physical, occupational and speech therapies, tubing and liquid supplements for totally tube fed individuals and some other services and supplies.

V.A. BENEFITS:

If you have been in military service, had or have a spouse who was in military service, or children who were in military service, you should contact your V.A. Regional Benefits office to inquire if you qualify for any V.A. Benefits. They will assist you in determining what, if any, benefits you may be entitled to. If you need assistance, a case manager at Rosewood will be willing to assist you with the process.

PRIVATE FUNDS:

When an individual has sufficient funds to cover their expenses and there is not insurance coverage, the bill for services will be sent to the individual or their representative for payment.