## **Medicare Supplement to the Admissions Agreement**

## <u>Medicare Part A</u>

- If eligible, Medicare Part A pays fully for the first 20 days of care in a skilled nursing facility. Medicare will cover almost all of the services provided including room and board; Non-covered services may include but not limited to: cable, hair care, newspaper and certain medical procedures performed by a physician, clinic or hospital.
- For the 21<sup>st</sup> through the 100<sup>th</sup> day, the Resident must share, or co-pay, for the cost of care by paying a daily co-insurance rate. (Please note that while there is a Medicare-eligibility period of 100 days, the Resident is not guaranteed the use of all 100 days per spell of illness);
- Please note that Resident is required to pay all Medicare co-insurance that may become due directly to the Facility.
- <u>Medicare Part B</u>
  - Medicare Part B may help pay for covered services the Resident receives in the Facility if the Resident has chosen to participate in the Medicare Part B program;
  - For example, if a Resident uses up his/her Part A coverage, Part B will cover certain services such as physical and occupational therapy, lab tests, and x rays.
  - Under the Part B program, Medicare will pay 80% of the reasonable charges for covered services. The Resident is responsible for the remaining 20% of all amounts billed for services (including therapy) covered under the Part B program.

## Medicare Coverage Denied or Terminated

• The Resident will be required to pay Facility at the private-pay rate for all charges incurred by the Resident in the event that a Resident's application for Medicare coverage is denied or if the Resident's eligibility for Medicare coverage expires

## **Coinsurance Billing on Behalf of Resident**

Facility may bill the coinsurance to a third party <u>one time</u> as a courtesy to the resident <u>if</u> <u>the resident provides a copy of the related insurance card</u>. The resident agrees to pay the coinsurance privately if the insurance company does not pay the facility within thirty days of the initial billing.

