

Medications must be managed by facility and patient must receive facility nursing services to be eligible to enroll in Mankato Clinic Extended Care services.

PATIENT NAME/INFORMATION: *Please use full legal name*

- Male
 Female
 Other

LAST: _____ FIRST: _____ MI: _____ DOB: ____/____/____

ADDRESS: _____

NOTE: This is where you want all communication sent (medical results, letters, billing statements, etc.)

FACILITY: _____

- Memory Care
 Assisted Living
 Group Home

SOCIAL SECURITY #: ____/____/____

RACE/ETHNICITY: American Indian/Alaska Native Asian Black/African-American Hispanic/Latino
Choose one or more Native Hawaiian/Other Pacific Islander White Declined Unknown

PRIMARY LANGUAGE SPOKEN: _____ COUNTRY OF ORIGIN: _____

INSURANCE INFORMATION: *Please include front & back copies of ALL insurance cards*

PRIMARY PLAN: _____ POLICY ID#: _____ PRIMARY GROUP #: _____

SECONDARY PLAN: _____ POLICY ID#: _____ PRIMARY GROUP#: _____

HEALTHCARE DECISION MAKER:

- Self
 Legal Representative – *Must provide copy of Health Care Directive, Medical POA or Guardianship*

Name: _____ Relationship to Patient: _____

Primary Phone#: _____ Secondary Phone #: _____

E-Mail Address: _____

We'd like to email you valuable information about Extended Care. Please indicate the email address you'd like us to send the information to.

BILLING CONTACT:

- Same as Healthcare Decision Maker

Name: _____ Relationship to Patient: _____

Primary Phone#: _____ Secondary Phone #: _____

If Legal Representative is signing this form: I acknowledge and agree that by signing this form as a Legal Representative for the patient, I swear and attest that I am legally authorized to act and make decisions on behalf of the patient. I am required to provide a copy of valid and effective documentation outlining my role as Legal Representative.

Patient Signature: _____ Date: _____

Legal Representative Signature (*if authorized to sign for patient*): _____

Legal Representative Printed Name: _____ Date: _____

Fax completed forms to: 507-385-4186