Admission Agreement
and
Responsible Party Agreement
for

Short Stay Rehabilitation

At The Maplewood

100 Daniel Drive, Webster, New York 14580
(585)872-1800

THE MAPLEWOOD
Distinctly different.

Federal and state law prohibit this facility from denying admission to anyone because of race, creed, color, national origin, age, sex, sexual preference, marital status or disability.

AGREEMENT FOR SHORT STAY REHABILITATION ADMISSION

INTRODUCTION

We welcome you to The Maplewood as a short stay rehabilitation resident. By signing this Agreement you are acknowledging the short-term nature of your stay here, and the mutual obligations that you and we are undertaking during your short stay, which is not expected to exceed 42 days. Throughout the rest of this Agreement, we will refer to you as the "Short Stay Resident" or "you" and to us as "The Maplewood," "us" or "we."

Importantly, should you desire to extend your stay at The Maplewood, you agree to complete and sign the full financial disclosure and admission agreement required for our long term care residents, as a necessary precondition to The Maplewood's consideration of you for long term care.

This Agreement is being signed by you as the Short Stay Resident, or by your attorney-in-fact (appointed by you under a power of attorney) or your guardian on your behalf. In addition, we require your attorney-in-fact, or another person you designate as your Responsible Party, to sign this Agreement as Responsible Party so that your obligations under this Agreement can be timely and adequately met.

PAYMENT OBLIGATIONS FOR SHORT STAY RESIDENT

Payment - Short Stay Resident agrees to make timely and complete payment for the care and services to be provided by The Maplewood. This payment may come from insurance sources, such as Medicare or private health insurance. Any billed amounts not covered by insurance, whether primary obligations, copays, deductibles or co-insurance shall be made from the personal funds of the Short Stay Resident.

Insurance Knowledge and Assistance - Short Stay Resident agrees to become familiar with the insurance coverage provisions of his or her own health care plan, and will provide any assistance to The Maplewood which may be required in connection with the collection of payment from any insurance or private source of payment.

Collection Costs – If Short Stay Resident fails to make timely payment of The Maplewood's charges, appropriate collection actions will be undertaken. Short Stay Resident will bear the costs of The Maplewood's collection actions, including all reasonable attorney's fees, costs and expenses. The Short Stay Resident's unpaid obligations to The Maplewood will bear interest both before and after judgment at New York's legal interest rate of 9% per annum.

DISCHARGE FROM THE MAPLEWOOD AT THE CONCLUSION OF A SHORT STAY

At the conclusion of the Short Stay Resident's rehabilitation as determined by The Maplewood, a physician, or a third party payer such as Medicare or an insurance company, the Short Stay Resident agrees that he or she will be discharged to home or another appropriate level of care. Short Stay Resident agrees that he or she will not remain at The Maplewood, unless accepted by the Maplewood for long term care following review of a full

financial disclosure and long term care admission application and any necessary certification by a physician.

The Maplewood may discharge you as a Short Stay Resident for nonpayment of your financial obligations in accordance with and subject to any conditions imposed by applicable federal and state law.

PROTECTED HEALTH INFORMATION ACKNOWLEDGEMENTS AND CONSENT

- Short Stay Resident has received The Maplewood's Notice of Privacy Practices, and by signing this Agreement, acknowledges receipt of that document.

- Any facility from which you are transferring to The Maplewood may have provided background personal information about you to us, which may include protected health information. By signing this Agreement, you consent to our receipt and use of that information in accordance with our Notice of Privacy Practices.

- Short Stay Resident authorizes The Maplewood or any other health care provider having information about the Short Stay Resident to release to the Center for Medicare and Medicaid Services or its intermediaries or carriers, or other insurance payers such information as may be needed for a Medicare or any other claim, and requests that payment of authorized benefits be made on behalf of Short Stay Resident to The Maplewood.

- Consistent and coextensive with The Maplewood's Notice of Privacy Practices, Short Stay Resident consents to the use and disclosure of Short Stay Resident's protected health information.

OTHER ACKNOWLEDGEMENTS AND OBLIGATIONS

Short Stay Resident understands and acknowledges that:

- Short Stay Resident has received, read, and understood the statement of resident's rights and responsibilities.

- All the information set forth in your Application for Short Stay, and the personal information about you provided to us by a transferring facility, is accurate and complete to the best of your knowledge. Short Stay Resident understands that The Maplewood is relying on that information in granting admission for a short stay.

- While The Maplewood strives to provide all its care and services in accordance with the standards and requirements of New York and federal law and regulations, The Maplewood is not an insurer of the safety and welfare of Short Stay Resident.

- If Short Stay Resident has executed a power of attorney appointing an attorney-in-fact to act on his or her behalf in all personal and financial matters, a copy of that power of attorney has been given to The Maplewood. In the event that Short Stay Resident makes any change in that power of attorney, or changes his or her designated attorney-in-fact, Short Stay Resident will immediately notify The Maplewood of such change, and

furnish The Maplewood a copy of the new power of attorney. If Short Stay Resident has not executed a power of attorney, then by signing this Agreement the Short Stay Resident designates and authorizes the person signing the Responsible Party Agreement to act as agent for Short Stay Resident with respect to all matters related to The Maplewood and this short stay.

- Short Stay Resident is under no obligation to enter The Maplewood, and has chosen to come to The Maplewood rather than other available facilities. Having chosen The Maplewood, Short Stay Resident freely and voluntarily enters into this Agreement as a condition of admittance to The Maplewood. Short Stay Resident has had adequate opportunity to read and review this Agreement, and to consult with legal counsel of his or her choosing prior to signing this Agreement.

- Short Stay Resident and the Responsible Party authorize the medical staff, consulting physicians, and other appropriate and qualified care providers to administer any treatment or minor surgical procedures as may be deemed necessary or advisable by them in the diagnosis or treatment of Short Stay Resident.

- The Maplewood has a safe in its office, and upon request will secure any of Short Stay Resident's money or valuables in it. Except for such property entrusted to its care, The Maplewood is not responsible for any missing valuables or money left in Short Stay Resident's possession or room.

THEREFORE, The Maplewood and Short Stay Resident now enter into this Agreement, by signing our names below:

Witness:_____ _____
Short Stay Resident's Signature / Date

OR

Witness:_____ _____
Short Stay Resident's Attorney-In-Fact / Date

MAPLEWOOD NURSING HOME, INC.
d/b/a THE MAPLEWOOD

_____
By: Maplewood Representative

Date:_____

RESPONSIBLE PARTY AGREEMENT

I, the undersigned person, agree to be the Responsible Party for Short Stay Resident, and have been authorized by the Short Stay Resident to act in that capacity. I have read and understand Short Stay Resident's responsibilities under this Agreement, and will assist Short Stay Resident in meeting those obligations.

I agree to assist The Maplewood in making any claims for insurance payment with respect to the care and services it provides to Short Stay Resident. In addition, I certify that I have knowledge of Short Stay Resident's financial resources ("Resources"), and have control or authority with respect to them. I agree to make those Resources available to meet any of Short Stay Resident's payment obligations to The Maplewood that are not covered by insurance.

I understand that I am ***not*** guaranteeing payment of Short Stay Resident's financial obligations to The Maplewood from my own personal assets or income. Rather, my obligation is to act as a fiduciary with respect to Short Stay Resident's Resources, so that they are properly managed, and paid to The Maplewood for the care and services provided to Short Stay Resident which are not covered by insurance.

Witness:_____ _____

Responsible Party Signature / Date

MAPLEWOOD NURSING HOME, INC.
d/b/a THE MAPLEWOOD

_____

By: Maplewood Representative

Date:_____

Ver. 12.16.16