



Referral Sheet

Email to brittney@woodfordmedicaid.com

1. Please tell the residents responsible party that the quickest response is for them to call us directly as soon as they want. Woodford Medicaid will discuss the process and the fee structure during their first call with the responsible party.
2. Do not use this form unless you have the authority of the resident or their responsible party to release this info to us.
3. This does not establish a contractual relationship with Woodford Medicaid Consultants.

Facility: _____ Date Sent: _____

Patients Name: _____

Marital Status: S M D W Date of Birth: _____

SSN: _____ Health Insurance: *Medicare?* Y or N *Supplement* _____

Date of Admission: _____ Date Medicaid is needed: _____

Daily Rate: _____ Date paid through if private: _____

Contact Person for Resident: _____ Relation: _____

HCP or POA? _____ HCP Activated: Y or N

Address: _____

Email Address: _____

Phone Number: Home _____ Cell _____ Work _____

Additional comments that may be helpful: