**Medicare Supplement to the Admissions Agreement**

* **Medicare Part A**
	+ 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 21st through the 100th 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.**
* **Medicare Part B**
	+ 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 ***one time*** as a courtesy to the resident ***if the resident provides a copy of the related insurance card.*** The resident agrees to pay the coinsurance privately if the insurance company does not pay the facility within thirty days of the initial billing.