



CLARK COUNTY SOCIAL SERVICE

Long Term Care Unit
1600 Pinto Lane
Las Vegas, NV 89106

NOTIFICATION OF CHANGE

To: LTC Eligibility Specialist/Follow-up worker **Telephone:** (702) 455-8687 **Fax:** (702) 455-8682

From: Billing Department/Admissions

Facility Name: _____ **Date:** _____

PATIENT NAME: _____ SSN: _____

Purpose of Notification: Please mark the area below indicating the change.

Admitted From: Home _____ Hospital _____ Other _____

Date Change Occurred: _____

Discharged to: Home _____ Hospital _____ Other _____

Date of Discharge: _____

Re-Admit Date: _____

Medicare/HMO Covered: Yes _____ No _____

100% Medicare Dates: _____

Medicare Co-Pay Dates: _____