



## REGINA NURSING CENTER

550 East Fornance Street  
Norristown, Pennsylvania 19401-3561  
(610) 272-5600

I, \_\_\_\_\_, hereby authorize REGINA NURSING CENTER or its designated representative including attorneys to file on my behalf applications for all Government Entitlements, including Medicaid Applications, and to file all necessary paperwork in connection with such applications, and to represent me in any and all legal actions in connection with such applications. This authorization shall continue to be in effect even if I am discharged from the facility prior to such Medicaid Application or other applications being approved on or prior to the time that any Fair Hearing or other legal proceeding is conducted. This authorization shall also survive my death.

And if I, \_\_\_\_\_, Responsible Party for \_\_\_\_\_ apply for Medical Assistance benefits for my loved one, I have been made aware and I agree to forward all of my loved ones monthly income (Social Security, Pension, etc.) to Regina Nursing Center on a monthly basis during the Medicaid application process. After Medicaid approval, I further agree to pay the monthly income amount that the Department of Public Welfare stipulates.

\_\_\_\_\_  
Spouse/Sponsor/Responsible Party/POA/Guardian/Family Member

Date \_\_\_\_\_