

Long Island State Veterans Home Admission
100 Patriots Road
Stony Brook, NY 11790
Phone: (631) 444-8548 Fax: (631) 444-8573

Long Island State Veterans Home



AT STONY BROOK UNIVERSITY

Medicaid Application Verification Form

*To be completed & returned by the THIRD PARTY RESPONSIBLE for
FILING the Medicaid Application*

This document confirms that the Medicaid Application Services for _____ will be provided by our organization, _____ . It will be our responsibility to complete and file the Medicaid application. The anticipated Medicaid pick-up date will be _____ with an estimated NAMI of _____ .

We agree and understand that the Long Island State Veterans Home Medicaid Coordinator **will not** be responsible for filing this Medicaid application.

We also understand and acknowledge that any missed application deadlines, failure to file a Medicaid Application or denial of Medicaid as a result of the Designated/Resident Representative's negligence or failure to act will result in the Designated/Resident Representative being billed at the daily private pay rate and responsible for payment.

Signature of Organization's
Representative

Print

Date