

Referral Financial Information

Birch Tree Communities, Inc.

Date: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Medicaid Number: _____ Medicare Number: _____

Other Health Insurance(name & policy#): _____

Burial Insurance(name & policy#): _____ Burial Plot: _____

Life Insurance(name & policy#): _____

Source(s) of Income (such as SSI, SSDI, VA) _____

Amount of Monthly Income: _____

Other Assets(name, address, account#): Property _____

Trust Funds _____

Bank Accounts _____

Current Payee(Name and Address): _____

Anticipated Date of Admission: _____

Anticipated Branch/Placement: _____

Starla McCallister, Admissions Director