EXHIBIT A

FACILITY AUTHORIZATION FORM

Carle Foundation Hospital
611 West Park St, Urbana, Il 61801
Phone: (217) 383-3311

Carle Physician Group
602 W University Avenue
Phone: (217) 383-3311

(Send this with Resident at the time of appointment with Resident paperwork. Fax a copy of this form to 217 383 3578)

Date: _____

RE: _____ (Resident /Patient Name)

DOB: _____

Patient Medicare Number/Identification Number:
_____

Service to be provided: _____

Specify whether service is a CB Service, Facility Billed Service or Carle Billed Service: _____

Bills (when applicable) are to be submitted directly to the attention of the Skilled Nursing Facility business office at (name/address) :
_____

Signed By: _____

Print name: _____

Title: _____

Phone number: _____