



Meadow Brook

ANTRIM COUNTY
MEDICAL CARE FACILITY

Date: _____

To: _____

RE: _____, (_____)

Long Term Care Insurance # _____

Meadow Brook does not participate with Long Term Care Insurance's. We will not bill the Long Term Care Insurance. We will provide any medical records required for you / family / guardian, to do the actual billing.

Meadow Brook will bill you on a private pay basis at \$ _____ per each day of nursing care required. Payment is due in full by the 10th working day of each month.

(Resident / Sponsor / Guardian)

(Date)

(Witness)

(Date)