

Resident Transaction Notice for Designated Vendor Numbers

1. Medicaid Recipient Number	2. Social Security Number	3. Medicare or RR Retirement Claim Number
4. Name of Recipient (Last, First, Middle) – Enter last name in far left positions.		
5. Designated Vendor Number for Mason Manor – Transfer of Assets Penalty = 5997		6. Designated Vendor Number for Home Equity Manor = 5988
7. Section in which resident is located (do not enter level of care)		
<input type="checkbox"/> 1-ICF-MR 1 <input type="checkbox"/> 3-NF <input type="checkbox"/> 5-ICF-MR V <input type="checkbox"/> 6-ICF-MR VI <input type="checkbox"/> 8-ICF-MR VIII		

8. Transaction

8.a.	Date of Transaction	Begin Date of Penalty	Discharge from NF and admission to Designated Vendor # must be completed on the same date. DADS Current Vendor # _____ to Designated Vendor # _____
8.b.	Date of Transaction	End Date of Penalty	Discharge from Designated Vendor # and admission to NF must be completed on the same date. Designated Vendor # _____ to DADS Current Vendor # _____

Comments:

MEPD Specialist Name	Employee Number	Telephone Number
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Signature—MEPD Specialist

Date

Facility Name and Mailing Address:

**Mail To: DADS Mail Code W-400
DADS – Provider Claims Services
P.O. Box 149030
Austin, TX 78714-9030
Fax: 512-438-2301**