

Goals:

1. Clarify the ombudsman role related to involuntary transfer/discharge notices due to non-payment.
2. Provide Ombudsman with tools to be proactive in working with facilities to minimize the number of involuntary transfer/discharge notices for non-payment.
3. Encourage Ombudsman collaboration with other agencies.
4. Provide list of resources for further education on topic.

OUTLINE:

Actions Ombudsman can take to prevent discharge notices due to non- payment.

1. Introduction and Welcome
2. Georgia Ombudsman Program
3. South Dakota Model
4. Working with other agencies
5. Questions and Answers
6. Wrap up

Resources:

1. Information from South Dakota State Ombudsman Program
2. Information from Atlanta Ombudsman Program
3. Tool Kit from Montana State Ombudsman Program
4. List of additional resources for more information

Additional resources:

- 1) Center of Excellence in Elder Abuse and Neglect - Home Page
<http://www.centeronelderabuse.org/page.cfm?pgid=1>

- 2) NCCNHR fact sheet on Transfer and Discharge
<http://www.ltcombudsman.org/PDF/TRSFDISCSHT.pdf>

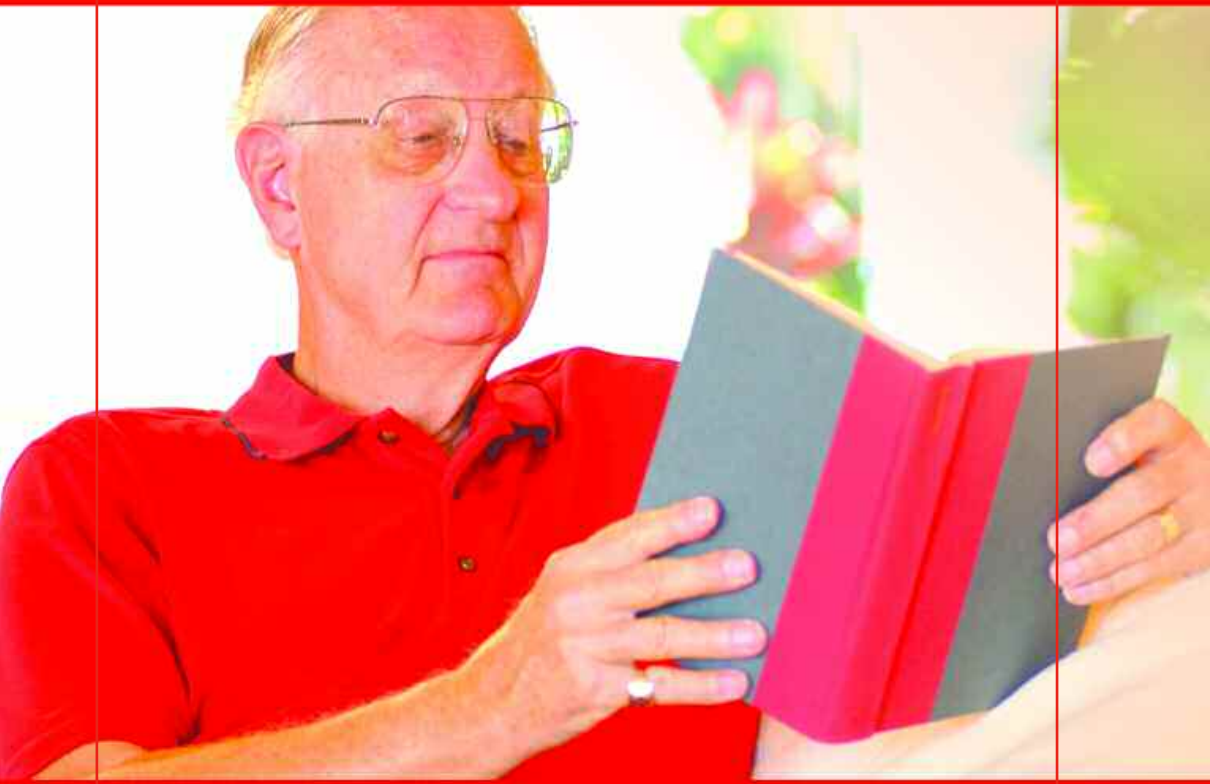
- 3) NHRegsPlus
This site provides federal and state regulations. It also does a comparison of state regulations on various issues.
<http://www.hpm.umn.edu/NHRegsPlus/index.htm>

- This link takes you to the transfer/discharge regulations on NHRegsPlus.
http://www.hpm.umn.edu/NHRegsPlus/resident_rights/admission_discharge_transfer_federal_regulations.htm

- 4) 20 Common Nursing Home Problems - and How To Resolve Them
http://www.nsclc.org/publications/manuals/publications/excerpt_20commonproblems_ev2.pdf

CAFEE

OKLAHOMA COUNTY COALITION AGAINST
FINANCIAL EXPLOITATION OF THE ELDERLY



ELDER ABUSE
FINANCIAL EXPLOITATION

Financial exploitation is the improper use of a vulnerable adult's financial, real or personal resources for the benefit of another person through the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense. Theft, fraud, forgery, extortion and wrongful use of a power of attorney are examples of financial exploitation.

And financial exploitation doesn't just involve monetary assets. Victims have lost furniture, jewelry, family heirlooms, stock certificates and prescription drugs. The names of vulnerable adults are also often as good as cash. Victims have been coerced into co-signing for home or auto loans or even signing over their own property. Perpetrators have used identity theft to get credit cards, cell phones and even gym memberships.

Financial Exploitation is a Crime!

And it robs its victims of more than their assets – it takes away their sense of safety, peace of mind and dignity. Many victims are afraid to report exploitation because of retribution from the abuser, fear of being seen as out of touch or they are ashamed that they were victimized. Victims who are mentally impaired may not be able to report abuse or describe the details.



Signs of Financial Exploitation

- Frequent expensive gifts from the vulnerable adult to caregiver
- Vulnerable adult's personal belongings, papers, credit cards missing
- Numerous unpaid bills
- A power of attorney or will when vulnerable adult seems incapable of writing a will
- Signing over deeds to property
- Caregiver's name added to bank account
- Vulnerable adult is unaware of monthly income
- Vulnerable adult signs on a loan
- Frequent checks made out to cash
- Unusual activity in bank account
- Irregularities on tax return
- Vulnerable adult unaware of reason for appointment with banker or attorney
- Caregiver's refusal to spend money on vulnerable adult
- Signatures on checks or legal documents that do not resemble vulnerable adult's signature
- New acquaintances expressing gushy, undying affection or calling them Mom or Dad
- Conflicting accounts of an incident, expenditure or financial need



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CAFEE is a diverse coalition of representatives from state, county and local law enforcement, the courts, social services, non-profits and the financial and insurance industries.

CAFEE member organizations are dedicated to protecting Oklahoma County's most vulnerable citizens while respecting their rights as adults.

CAFEE membership includes the Adult Protective Services, the Areawide Aging Agency, the Office of Long-Term Care Ombudsman, the Oklahoma Attorney General's Office, BancFirst, Bethany Police Department, Edmond Police Department, Life Senior Services, Midwest City Police Department, Oklahoma County District Attorney's Office, Oklahoma County Sheriff's Office, Oklahoma City Police Department, the Oklahoma Department of Human Services, the Oklahoma Bankers Association, the Oklahoma Insurance Department, Piedmont Police Department, the Senior Law Resource Center and the US Postal Inspector Service.

If you have suspicions of elder abuse contact:

Adult Protective Services

8 a.m. until 5 p.m. Monday - Friday

West Oklahoma City Office

405-644-5711 or 405-644-5777

East Oklahoma City Office

405-522-2293 or 405-522-2743

Central Oklahoma City Office

405-522-2704 or 405-522-2743

Nights and weekends from 5 p.m.

**until 8 a.m. and holidays call the
STATEWIDE HOTLINE**

1-800-522-3511

Long Term Care Ombudsman

Nursing Home or Assisted Living

Monday - Friday 8 a.m. until 5 p.m.

405-521-6734

Delinquent Facility Accounts
Information and Referral Form

The information will be used by the Ombudsman Program to determine what, if any, Ombudsman response is appropriate.

1. IDENTIFYING INFORMATION

Facility Name: _____ Phone: _____

Address: _____

Facility Social Worker: _____

Facility Administrator: _____

Resident's Name: _____ DOB: _____

Party Responsible for Payment: _____ Phone: _____

Party's Relationship to Resident: _____

Reporter's Name: _____ Position: _____

2. RESIDENT STATUS

The resident is capable of making financial decisions. Yes No

The resident believes that care payment arrangements are secure. Yes No

The resident understands that his/her bill is not being paid and:

- Will soon have funds sent directly to the resident Yes No
- Agrees to appoint the facility as representative payee. Yes No

The resident declines to pay the unpaid account. Yes No

The resident is unable to facilitate payment of the unpaid account. Yes No

An eviction notice has been sent to the resident and responsible party. Yes No

The resident and/or the Long Term Care Ombudsman are appealing the eviction. Yes No

The resident has been evicted from other facility due to non-payment. Yes No

3. ACTIONS TAKEN BY THE FACILITY

Has a discharge plan been developed for the resident? Yes No

If so, to where will the resident be discharged? _____

Date of pending discharge _____

How many months has the account been unpaid? _____

What is the unpaid account balance? \$_____

Has the non-payment issue been referred to any of the following: (Check all that apply.)

- Attorney Collection Agency Ombudsman

Has the responsible party responded to phone calls/messages? Yes No

Has the facility sent a registered letter(s) to the responsible party? Yes No

Has the responsible party responded to the registered letter(s)? Yes No

Has the provider entered into a contract with resident and/or responsible party to provide facility payment from resident's income or resources? (F208) Yes No

4. FINANCIAL AUTHORITY

Check types:

Check if document is at facility*:

- | | |
|--|--------------------------|
| <input type="checkbox"/> Court Appointed Guardian | <input type="checkbox"/> |
| <input type="checkbox"/> Court Appointed Conservator | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Durable Power of Attorney w/ Financial | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Durable Power of Attorney w/o Financial Authority | <input type="checkbox"/> |
| <input type="checkbox"/> Financial Durable Power of Attorney | <input type="checkbox"/> |
| <input type="checkbox"/> General Financial Power of Attorney | <input type="checkbox"/> |
| <input type="checkbox"/> Representative Payee | <input type="checkbox"/> |
| <input type="checkbox"/> Trustee/Trust Administrator | <input type="checkbox"/> |
| <input type="checkbox"/> Written Agreement with Facility for Account Payment | <input type="checkbox"/> |
| <input type="checkbox"/> Verbal Agreement with Facility for Account Payment | <input type="checkbox"/> |

A. Name: _____ Phone: _____

Authority: _____ Relationship to resident: _____

B. Name: _____ Phone: _____

Authority: _____ Relationship to resident: _____

*It is recommended that the facility maintain a copy of documents in the resident's file.

5. SOCIAL SECURITY STATUS

Has the facility reported concerns regarding the delinquent account to the Social Security Administration? Yes No

Has anyone applied for representative payee designation? Yes No
If yes, who? _____ Date applied: _____

Has anyone received representative payee designation? Yes No
If yes, who? _____ Date designated: _____

6. MEDICAID STATUS/AP 5615 FORM:

- Approved for Medicaid Has Not Applied for Medicaid
- Pending – Date of application: _____ AP-5615 FORM sent to County: _____
- Denied AP-5615 FORM returned to facility

7. RESIDENT'S MONTHLY INCOME, ASSETS, AND DEBTS (Enter value for each.)

<u>INCOME</u>		<u>ASSETS</u>		<u>EXPENSES</u>	
SSA/SSDI	\$ _____	Home(s)	\$ _____	Facility Costs	\$ _____
SSI	\$ _____	Land	\$ _____	Co-pay	\$ _____
Medicaid	\$ _____	Business	\$ _____	Insurance	\$ _____
RR	\$ _____	Savings	\$ _____	Loan	\$ _____
VA	\$ _____	Retirement	\$ _____	Loan	\$ _____
Black Lung	\$ _____	Trusts	\$ _____	Other	\$ _____
Other	\$ _____	Other	\$ _____	Other	\$ _____
Total	\$ _____	Total	\$ _____	Total	\$ _____

8. INDICATORS OF POSSIBLE FINANCIAL EXPLOITATION (Check all that apply.)

While the resident lacked capacity:

- The resident signed checks or important documents, such as a will or Power Of Attorney (POA) instrument.
- A title change took place for the resident's home or other valuable assets.

The responsible party, fiduciary, or family member:

- is suspected or spending the resident's money on purchases for his/her own use.
- is suspected of not paying numerous other bills in addition to the facility bill.

- is a recent acquaintance that expresses unusually deep affection for the resident.
- has a POA signed and dated when the resident lacked capacity to understand such action.
- is evasive about or tells implausible, confusing stories about finances to resident or others.
- isolates or alienates the resident from contact with others.
- refuses to spend money for appropriate care of the resident.
- exhibits unusual concern that too much money is being spent on the resident's care.
- promised the resident life long care in exchange for assets or changes in the resident's will.

Other:

- The resident lacks common personal items that he/she could afford.
- The resident with capacity signed papers, but doesn't know what was signed.
- Signatures on checks and documents do not resemble the resident's signature.
- The resident writes numerous checks or there is unusual bank activity, such as withdrawals from an ATM when the resident cannot get to an ATM.
- Other _____

Name of person completing this form: _____ Date: _____

Preventing Nursing Home Discharge Notices When the Resident's Income is Being Misused

Resource Materials

Prepared by Roberta Collins, Long-Term Care Ombudsman
Atlanta, Georgia

- I. Sample Invitation to Nursing Facilities
- II. Materials Provided to Trainees:
 - a. Sample: nursing homes business office flow chart
 - b. How to contact the local Social Security office for:
 - i. reporting representative payee fraud;
 - ii. representative payee application
 - c. Sample: late payment letter from nursing home to family
 - d. Abuse/exploitation reporting requirements
 - e. Contact information for:
 - i. Adult Protective Services (for reporting financial exploitation)
 - ii. Magistrate Courts (for filing small claims)
 - f. Elder abuse memorandum of understanding

Atlanta

LONG TERM CARE
OMBUDSMAN PROGRAM

246 Sycamore Street, Suite 248
Decatur, Georgia 30030-3434
Phone: (404) 371-3800
Fax: (404) 371-3811

Memorandum

To: Nursing Home Administrators & Business Managers
From: The Atlanta Long Term Care Ombudsman Program
Re: The Second Information Session on Medicaid Payment Issues
Date: April 10, 2003

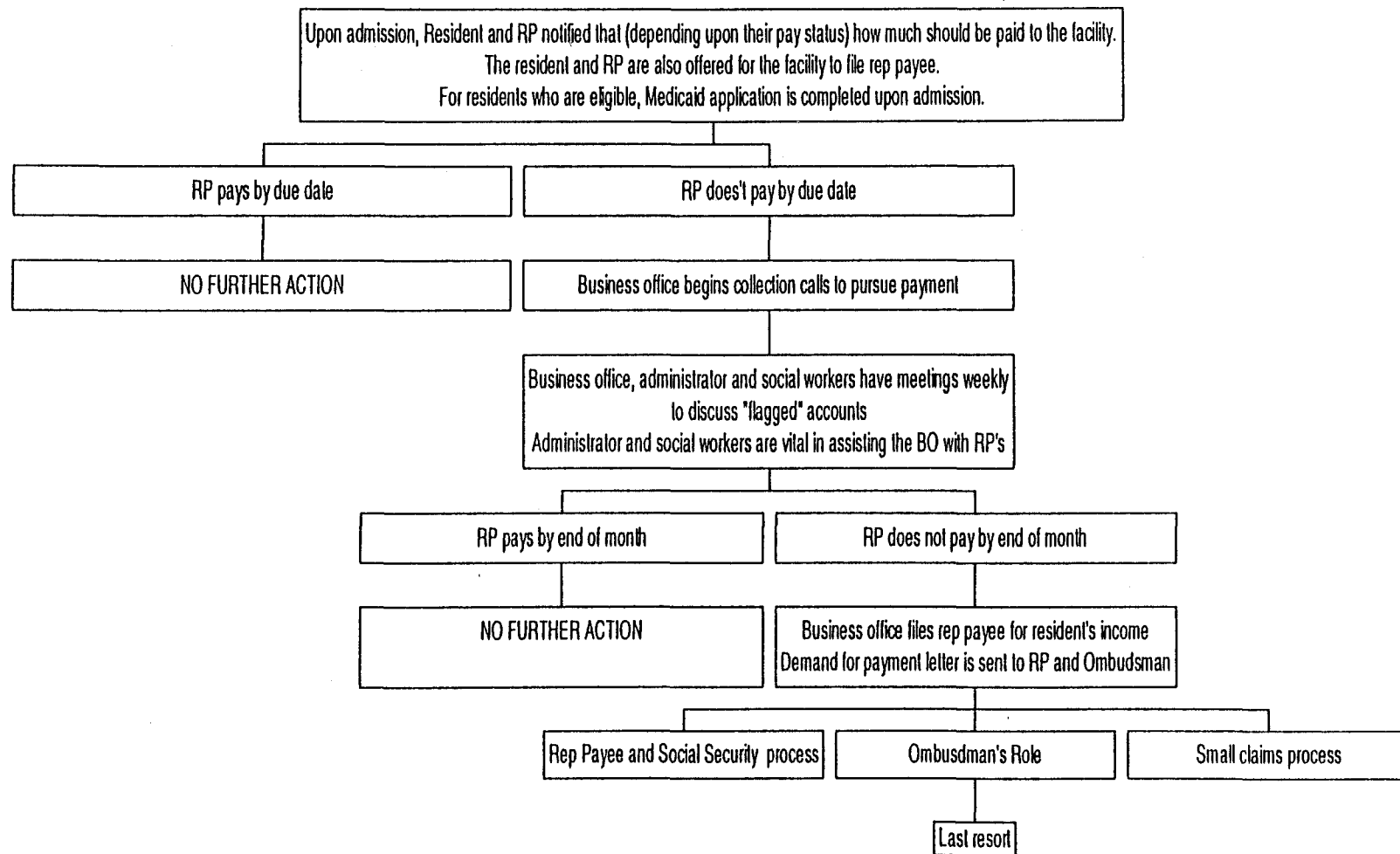
Receiving a discharge letter for non-payment can be very stressful and upsetting to our residents. Family members and friends of Medicaid residents who fall behind in their payments may be committing Medicaid fraud. In some instances, this could be considered financial exploitation.

Learn how to protect your residents from non-payment issues, particularly Medicaid non-payment, by using the protocols already in place. These protocols include Demand for Payment Letter, Social Security Representative Payee, and, if necessary, the court system.

You will receive information on the Memorandum of Understanding between the Office of Regulatory Services and Department of Family and Children Services. Senior Citizens Law Project will provide an information session on Elderly Abuse.

You are invited to join Roberta Collins from the Atlanta Long Term Care Ombudsman Program, and Kimberly Eberhart and staff members of Beverly Health Care of Glenwood Nursing Facility to discuss non-payment issues and the success they have had in reducing the number of discharges. This session will be on Tuesday, May 13, 2003, from 9:30 a.m. until 1:00 p.m. at the Decatur Public Library located at 215 Sycamore Street, Decatur, Georgia 30030. The library is one block from the Decatur Marta Station. Parking is free. There is no charge for this session. Space is limited. Please RSVP by May 9 to (404) 371-3800. If you have any questions, please call your Ombudsman.

Delinquent account flow chart





7044-1889119

1-935 P 02/03 F-105

Beverly - Glenwood

August 29, 2002

RE:

Account #

Past due balance: \$4563.03

Dear Ms.

This account is seriously delinquent. This office has tried to contact you on several occasions about this balance. You have also stated on many occasions that you would resolve this balance however; you have not kept your promises.

The status of this account requires immediate attention. By law, my office is required to notify the Office of Regulatory Services to report exploitation of residents. We are reporting you for misappropriation of social security funds. I have also notified the Ombudsman, Roberta Collins, of your actions for failure to pay Ms. bill. If this account is not resolved by September 10, 2002 we will begin discharge proceedings as well as pursue further collection activity to include legal action. Please contact our office at (404) 286-3775. Enclosed is a copy of the itemized charges for

Sincerely,

Kim Eberhart
Central Billing Office Manager

DEKALB BILLING OFFICE
4115 Glenwood Road • Decatur, GA 30032
(404) 286-3775 • FAX (404) 286-8716

YOUR
PATHWAY
HOME

LONG TERM CARE
OMBUDSMAN PROGRAM

246 Sycamore Street, Suite 248
Decatur, Georgia 30030-3434
Phone: (404) 371-3800
Fax: (404) 371-3811

August 29, 2002

Dear

This letter is a follow up to the conversation we had on August 28, 2002 regarding your mother, a resident at Beverly Health Care Glenwood. As we discussed, the facility is threatening to discharge because of nonpayment on her account that covers room and board. You told me you are payee for's income and you used the money to catch up on your bills. You also confirmed that has been in the facility for two years.

I explained that I am serving as advocate in this matter. As a Long Term Care Ombudsman, I advocate on behalf of residents who reside in Long Term Care facilities to protect their rights. I explained to you that I spoke with Kim Eberhart, Billing Specialist, at the facility. She explained that you signed a partial payment agreement on December 17, 2001 to repay \$5, 219.76, this amount represent resident's Social Security checks owed to the facility. As I informed you during our previous conversation that this type of behavior is considered financial exploitation of the resident's income. I also told you that nursing home staff is mandated reporters of exploitation. They have the option of reporting to several agencies including The Office of Regulatory Services, Department of Family and Children Services, Long Term Care Ombudsman and the local police department.

As we discussed, it is always preferable for all parties to work cooperatively. My experience show that most of these disputes can be settled informally when everyone is acting in good faith. If that does not occur, nursing facilities can issue Notices of Involuntary Discharges; they are entitled to do so under certain circumstances. While I

can assist you and the facility to come to an informal agreement, if the nursing home issues such a notice, the case will be referred to the attorneys with Atlanta Legal Aid Society.

If you would like assistance in this matter, contact the billing office at 404-286-3775 to work out the payments needed to bring this account current so that . can avoid as much stress as possible. We also discussed that you consider making the facility the payee of the Social Security checks at the time of your visit. If you agree to make the facility representative payee, this will ensure that the payments are made in a timely manner each month to the facility.

Thank you for your cooperation in this matter.

Sincerely,

Roberta Collins
Roberta Collins
Ombudsman

Cc: Karen Boyles; Ombudsman Coordinator

GUIDE FOR SOUTH DAKOTA NURSING FACILITIES AND ASSISTED LIVING CENTERS

AVOIDING AND RESPONDING TO DELINQUENT FACILITY ACCOUNTS

I. Pre-Admission

- Facility staff participate in an orientation meeting with future residents, family members, and responsible parties that will emphasize, clarify, and put in writing:
 - Payment methods
 - Payment expectations
 - Who will be responsible for payments
 - Written court or other “legal” documentation of designated financial authorities held by a representative payee, agent with power of attorney, conservator, trust administrator, guardian, or other
 - Repercussions of late or non-payment, such as the facility’s/corporation’s collection policies and procedures

- Review the limitations of the resident’s payment sources.
 - Number of days limited by Medicare
 - Payment thresholds of long term care insurance

- If the future resident is applying for medical assistance, or will soon apply for medical assistance, the facility helps the resident/responsible party with the application process.

II. At Admission the Facility should: § 483.12(d)(2) Admission Policy

- Identify to the resident and responsible party a person who will be monitoring their monthly financial obligations to the facility. Each facility should have one staff person (from the business or accounting office) designated and trained to oversee the financial obligations of residents.

- Provide to the resident and responsible party an information sheet or brochure on billing procedures, payment expectations, and non-payment consequences. The information provided should include:
 - Contact names and phone numbers for the facility, for medical (financial) assistance information, and for other payment sources

- Clearly outlined financial obligations of the resident and/or the responsible party as they pertain to funding sources, such as social Security benefits, pensions or other income sources
- If a Medicaid application is expected or pending, the following process may be followed:
 - Obtain resident/responsible party consent for the facility to assist in the Medicaid eligibility application process, or find a reputable and qualified person outside the facility who will assist with the application process.
 - Obtain a release from the resident/responsible party and send it to the local Department of Social Services, Division of Economic Assistance, Long Term Care Benefits Specialist advising that an application for Long Term Care Assistance was either recently filed or is expected to be filed soon.
 - If necessary, file the initial Medicaid application, on behalf of the resident, with appropriate resident/responsible party signatures. This action secures the date for determining eligibility for Medicaid.

The provider may enter into a contract with resident and/or responsible party to provide facility payment from resident's income or resources.483.12 (d)(2) Admissions Policy.

III. 30 Days Post-Admission/Payment Transition Ref. § 483.12

- Determine whether payment was made for the first month.
- If no payment was made for the first month, the designated financial staff person and the facility social worker should meet with the resident and responsible party to clarify why the non-payment issue has developed.
- Follow up by a designated financial staff person (and facility social worker, if appropriate) should be made with the resident and family member 30 days prior to the expiration of any current payment source to determine how future payments will be made.
- If Medicaid is in "pending" status for more than 30 days, the facility may need to check with the local Long Term Care Benefits Specialist on a weekly basis to determine the status of the application.

- If Medicaid is denied and there are questions regarding the reason, contact the local Long Term Care Specialist for clarification.
- If problems are anticipated for any reason in receiving regular payments from the responsible party, the designated financial staff person (or facility administrator) should have a business policy in place that requires the responsible party to petition the court for the appointment of a conservator to better assure the proper use of the resident's assets.

IV. 30 Days After Non-Payment Determined

The facility should conduct an internal assessment to determine:

- The name and location of the responsible party, if different from the resident.
- If the non-payment is related to problems with other payor sources, facility staff should assist the resident/family in the appropriate appeal/complaint process.
- If the non-payment appears to be intentional. In this case, the facility should:
 - Initiate collections proceedings against the responsible party, as set forth in the facility's business policies and procedures.
 - Request that the ombudsman research the issue for possible financial exploitation. If indicators of financial exploitation are present the ombudsman will make a referral to the Attorney General's Office of Medicaid Fraud Control. www.state.sd.us/attorney/
 - Refer the case to law enforcement.

V. Unresolved Payment Issues § 483.12 Admission, Transfer, and Discharge Rights

The transfer/discharge of a resident due to non-payment is always a last resort response. In order to avoid this action, the facility may consider the following steps:

- Action may be taken to have the resident's monthly income deposited into a facility/resident account, or to become the resident's rep. payee.
- Initiate civil action for non-payment.

- Initiate civil action for non-payment – small claims court limit is \$8,000.00.
- Appropriate action may be pursued under SDCL 25-7-27 – Adult Child’s Duty To Support A Parent – South Dakota Supreme Court decision in Americana Healthcare Center vs. Randall, 513 N.W. 2d 556(1994).
- Appropriate action may be pursued under SDCL 22-46 – Abuse, Neglect or Exploitation of Disabled Adults under (3) Exploitation or (4) Neglect.
- Appropriate action may be pursued under SDCL 21-24-5 – The facility has the right under this statute to ask a court to declare its legal rights against a resident’s trust.
- SDCL 29A-5-305 and 29A-5-315 allows a facility the opportunity to become the resident’s conservator, or to arrange to have another party assume the responsibility (or appointment of a guardian).
- Refer legal issues/problems, such as delinquent facility accounts due to non-payment by a responsible party, i.e., family members, representative payees, conservators or guardians, to:

East River Legal Services (1-800-952-3015)

Dakota Plains Legal Services (1-800-658-2297)

State Bar of South Dakota/Lawyer Referral Services (1-800-952-2333)

www.sdbar.org.

- Contact and provide proof to the Social Security Administration (1-800-772-1213) regarding non-payment of the facility account due to the misuse of the resident’s Social Security benefits by the acting representative payee.
- Apply to the Social Security Administration using their Request to be Selected as Payee form (SSA-11-BK) to be accepted as an organizational representative payee for the resident.
- Petition the local probate/municipal court for guardianship/conservatorship of the resident if appropriate; or submit a request to the court for a hearing to list and clarify problems with the resident’s current conservator/guardian.

- Consult with the long term care ombudsman, who may review the interventions to the facility staff. The ombudsman may also, with the resident's permission, be helpful in communicating with the Medicaid eligibility staff within the state.
www.state.sd.us/social/asa




DEPARTMENT OF SOCIAL SERVICES
DIVISION OF ADULT SERVICES AND AGING
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605-773-3656
FAX: 605-773-6834
WEB: dss.sd.gov

DATE: June 22, 2007

TO: Nursing Home/Assisted Living Administrators

RE: "Guide for South Dakota Nursing Facilities and Assisted Living Centers – Avoiding and Responding to Delinquent Facility Accounts"

FROM: Jeff Askew, State Ombudsman 

Enclosed please find a new resource titled "Guide for South Dakota Nursing Facilities and Assisted Living Centers – Avoiding and Responding to Delinquent Facility Accounts."

This resource was compiled by a joint effort of the Department of Social Services, Division of Adult Services and Aging, Ombudsman Program; the Division of Economic Assistance; and the Department of Health, Office of Health Care Facilities Licensure and Certification. Input and commentary from the provider/facility network was also received and greatly appreciated.

The purpose of this resource is twofold:

1. To provide facilities a useful consistent step by step process in hopefully avoiding delinquent accounts, and to provide guidance in pursuing their delinquent accounts.
2. To provide the Ombudsman Program a more consistent approach in responding to situations of allegations of financial exploitation of South Dakota's elderly citizens that reside in our Long Term Care Facilities.

We are hopeful that you will find this resource to be of benefit to you and to the individuals who are responsible for making payments to your facility.

NURSING HOME TOOLKIT AND RESOURCES
OFFICE ON AGING
LONG TERM CARE OMBUDSMAN
PO BOX 4210
HELENA, MT 59624

- Nursing Home Discharge Notices – What to look for?
- Section 483.12 CFR (Code of Federal Regulations)related to Admission, Transfer, Discharge Requirements for Nursing Homes
- Advocates Form (includes address of State Ombudsman, P&A Program (MT. Disability Rights) and the address of the Fair Hearings Officer
- “20 Common Nursing Home Problems and How to Resolve Them” –National Senior Citizen Law Center
- CMS directive regarding resident right to chose their drug plan and pharmacy (May 2006 Memo to State Survey Agency Directors)
- Case law regarding Nursing Home resident not bound by arbitration
- Verifying Client Eligibility for Medicaid
- Administrative Rules: Nursing Facility Medicaid Rules

EXCELLENT CARE NURSING HOME
(on Nursing Home Letter Head)

June 12, 2007

Ms. Responsible Party
2 Peachtree Street
Atlanta, Georgia, 30303

SAMPLE

RE: Lillie Foster
Account # XXX-XXXXX
Past due balance: \$942.00

Dear Ms. Party:

This account is delinquent. The enclosed statement shows short payments received for June and September of 2006 for Ms. Foster's account. Full payment of the resident's account is due no later than the **10th of each month.**

The status of this account requires immediate attention. By law, my office is required to notify the Office of Regulatory Services to report financial exploitation of residents. We will report you for misappropriation of Ms. Foster's funds. If this is not resolved by **June 22, 2006**, I will also notify the Long-Term Care Ombudsman of your actions for failure to pay Ms. Foster's bill. If this account is not resolved by June **22, 2006**, we will pursue further collection activity to include legal action. Please contact our office at (404) 123-4567 immediately.

Sincerely,

Jane Doe
Central Billing Office Manager