TEXAS
Health and Human Services

Form 3618
September 2008-E

Resident Transaction Notice

1. Medicaid Recipient No.	2. Social Security No.	3. Medicare or RR Retirement Claim No.
4. Name of Recipient (Last, First, Middle) - Enter first two letters of last name in far left positions.		
5. Address (if known), Preadmission or Post Discharge Only		
6. DADS Vendor No.	7. Contract No.	8. Service Group
9. NPI No.		

10 - Transaction

☐ **1 - Admission From**

If newly admitted from hospital enter date:_____

☐ 1 - Hospital
☐ 2 - Nursing Facility
☐ 3 - Community ICF-IID
☐ 4 - Medicare/SNF
☐ 5 - Home
☐ 6 - State Institution
☐ 7 - Hospice
☐ 8 - Private Pay

Date of physical admission to private pay: _____

☐ **2 - Discharged to**

☐ 1 - Hospital
☐ 2 - Nursing Facility
☐ 3 - Community ICF-IID
☐ 4 - Medicare/SNF
☐ 5 - Home
☐ 6 - State Institution
☐ 7 - Hospice
☐ 8 - Private Pay
☐ 9 - Other/Unknown

Date of physical admission to private pay: _____

Discharge Type

☐ A - Return Not Anticipated
☐ B - Return Anticipated
☐ C - Prior To Completing Initial Assessment

☐ **3 - Deceased**
☐ **4 - Correction**

11. Date of Above Transaction

12. Comments

14. I certify that, to the best of my knowledge, the date in Item 11 (Date of Above Transaction) is for services provided, and the date is not included in the 100% Medicare Part A reimbursement time frame.

_____
Signature - Administrator

_____
Date

14. State Board License No.