

Medicaid for LastName

Page 1

Name: testlast test name

Name of the nursing home: test

Date Of Birth: 2023-07-18

What is your Medicaid ID #: test

Your HOME Address

Street Address: or to admission?

Address Line 2: or to admission? 2

City: city test

State/Region/Province: state 121101

home_postal_zipcode: 1111

Living Address

Street Address: Address

Address Line 2: Address 2

City: city test2

State/Region/Province: state 2

home_postal_zipcode: snf postal

Spouse

spouse info: Divorced in past 5 years

Demographics

you selected: Veteran,Have a disabled child living at home,Filed taxes in the past 4 years

Employment status: unemployed

Real Estate and Vechicles your home info within the past 5 years

Currently own Yes

equity value of your home: r, how muc sfews

Renting Yes

Rent: h is rent?

Living with someone rent free Yes

equity value of your home: r, how muc sfews

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Own a RENTAL PROPERTY Yes

equity value of your home: r, how muc sfews

any other land Yes

equity value of your home: r, how muc sfews

Sold/Transferred in the past 5 years Yes

your monthly bill: r, how muc

Own vehicle sell info in past 5 years

Make and Model: e and Model

Fair market Value: e and Model far

Own vehicle sell info in past 5 years

Make and Model: e and Model

Fair market Value: e and Model far

Date Sold: 2023-07-18

Sold Property Property 1

Address: Property 1

Fair Value: Property 1

Sale Price: yjy

Date Sold: Property 1

Property 2

Address: operty 2

Fair Value: operty 2

Sale Price: operty 2

Date Sold: operty 2

Insurance Info

Name of Homeowners insurance: eowners insurance

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Have insurance through work: Yes

Have Medigap insurance (i.e. AARP or Medex)n: Yes

Medicare #: Medicare #

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HMO Name and ID #: HMO Name and ID #

Life Insurance (including through an annuity) Yes

Life Insurance provider: Life Insurance provider

Life Insurance (including through an annuity)

Cash Value: Value

Life Insurance (including through an annuity)

Policy #: rgrtfg

Your Income Info Social Security

Name of payer: gyhjyu

Amount: dfg

Frequency: f

Pension

Name of payer: gh

Amount: fgh

Frequency: fgh

Pension

Name of payer: fgh

Amount: fgh

Frequency: fgh

Annuity

Name of payer: f

Amount: fg

Frequency: rth

IRA distribution

Name of payer: fgf

Amount: hg

Frequency: rh

Stock Dividends

Name of payer: gfg

Amount: tfh

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Frequency: rh

TRUST INFO

Trust name: fg

Garantor: fg

Trustee: fgg

Amount: gh

Spouse Income Info Social Security

Name of payer: h

Amount: th

Frequency: trh

Pension

Name of payer: fg

Amount: th

Frequency: hfg

Pension

Name of payer: fh

Amount: tht

Frequency: gfhfh

Annuity

Name of payer: fg

Amount: th

Frequency: fh

IRA distribution

Name of payer: fg

Amount: thy

Frequency: fgh

Stock Dividends

Name of payer: h

Amount: trh

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TRUST INFO

Trust name: grde

Garantor: sf

Trustee: sdf

Amount: df

Your Investments Stocks

Company Name: dsfdfg

Approx. Value: fdgd

Bonds

Company Name: dgc

Approx. Value: fgdg

Annuity

Company Name: bcv

Approx. Value: cvb

IRA

Company Name: xcbg

Approx. Value: cbv

Banking info Bank #1

Bank: fghff

Account # fgh

\$ Amount: fgh

bank_1_date_closed: fg

Bank #1

Bank: fgh

Account # fgh

\$ Amount: hg

bank_1_date_closed: f

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Bank #3

Bank: fg

Account # fg

\$ Amount: Bank #3

bank_1_date_closed: Bank #3

Funeral Info Irrevocable prepaid burial setup

Funeral Home

Name: Funeral Home

Price: Funeral Home P

Best Contact

Name: testfirst name best contact last name best contact

Email: pandatsachin38@gmail.com
