

## ADDENDUM IV

AUTHORIZATION TO REPRESENT RESIDENT IN THE  
MEDICAID PROCESS

I authorize the Administrator of Houghton Rehab or his/her designee to act on behalf of Dana Ramsey (Resident) in his/her Medicaid application, an appeal of denial of benefits, and the recertification process.

The Facility is authorized, but not obligated, to file or to assist the Resident with a Medicaid application, a recertification or an appeal of a denial of Medicaid eligibility on behalf of the Resident if the Resident or his/her representatives are unwilling or unable to take such actions. The Facility will appeal a Medicaid determination on the Resident's behalf only if the Facility deems an appeal necessary and prudent. This authorization for assistance does not relieve the Resident, Responsible Party or other signatories to the Admission Agreement from their obligations to the Facility. All parties also acknowledge that the Facility must have the cooperation of the Undersigned and Financial Agents in procuring necessary financial information, to the extent they are able.

The Facility is authorized to disclose to the appropriate Medicaid agency or adjudicatory tribunal protected health and financial information necessary to take any such actions. The Medicaid agency is authorized to disclose any and all information in its files to the Facility upon the Facility's request pursuant to the attached authorization [use Addendum III].

02/09/23  
Date

[Signature]  
Resident or Responsible Party Signature

Responsible Party/Spouse/Financial Agent  
Circle Appropriate Agency: Power of Attorney  
Resident's Agent Designated Representative  
Next-of-Kin Guardian  
Other \_\_\_\_\_