



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

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FACILITY QUESTIONNAIRE

DATE:

FROM:

To Whom It May Concern:

The Title XIX - Medicaid case for _____ has been randomly selected for a Quality Control review of eligibility. In order to complete this review, I need the following information from your facility.

This review has a deadline by which it must be completed. Therefore, the requested information is required back in my office within seven days of the date of this letter. Enclosed is a return envelope for your convenience. If you have any questions, call me collect, if necessary, at the above listed number.

1. State the date our client became a resident of your facility. _____

2. Was our client a resident of your facility during the month of _____ ?

Please check: Yes No

3. What was our client's patient trust fund (personal account) balance as of _____

? _____

Your Signature	Date
Title	Work Phone ()