

.....Ohio Department of A YXJWJX
Personal Needs Allowance Account Remittance Notice
(for Conveyance of Personal Needs Allowance (PNA) Account to The State of Ohio)

A. RESIDENT INFORMATION

Resident's Full Name			
(Last)	(First)	(Middle Initial)	
Social Security Number	-	-	
Medicaid Billing Number (12 digits)	Check or Money Order #		
Date of Death	Remittance Amount \$		

B. DECEASED PERSON'S RESPONSIBLE PARTY OR NEXT OF KIN INFORMATION

Resp. Party Full Name				
(Last)	(First)	(Middle Initial)	(Relationship)	
Address				
City	State	Zip Code	Area Code/Phone Number	

C. FACILITY INFORMATION

Medicaid Provider Number (7 digits)	Contact Name		
Facility Name			
Address			
City	State	Zip Code	
Area Code/Phone Number			
Signature of Provider Representative			

Instructions

IMPORTANT NOTE: This form is to be completed pursuant to section 5111.112 of the Ohio Revised Code.

As set forth in Ohio Administrative Code rules 5101:3-3-60 (for nursing facilities) and 5101:3-3-93 (for intermediate care facilities for the mentally retarded/developmentally disabled which are licensed by the Ohio Department of Health) :

If within thirty days from the date of death, an estate has been opened in probate court, or application for release from administration is filed, the facility must, within those 30 days, convey the remaining funds in the deceased resident's Personal Needs Allowance (PNA) account, and a final accounting of those funds, to the individual or probate jurisdiction administering the estate.

If such estate is opened or application for release filed not later than sixty days after the death, the facility must convey the remaining funds in the deceased resident's Personal Needs Allowance (PNA) account, and a final accounting of those funds, to the individual or probate jurisdiction administering the estate.

However, if no estate has been opened or application for release filed within sixty days from the date of death, all remaining funds in the PNA account must be paid to the provider of funeral or burial services for any unpaid expenses if payment is not otherwise available, or to the surviving spouse, or to the Medicaid Estate Recovery Program via this form, no later than ninety days after the date of death.

1. Complete section **A** and prepare a check or money order payable to the Treasurer of State, State of Ohio, Attorney General's Office.
2. Complete section **B** to provide information about the deceased resident's responsible party or next of kin, as available. If funds were incorrectly released to another party, please furnish contact information here as well.
3. Complete section **C** to identify your facility, and sign.
4. Mail this form and payment to this address :

Attorney General's Office Collections Enforcement Medicaid Estate Recovery 150 East Gay Street, 21st Floor Columbus, Ohio 43215
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