



# Meadow Brook

ANTRIM COUNTY  
MEDICAL CARE FACILITY

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RE: \_\_\_\_\_, ( \_\_\_\_\_ )

Long Term Care Insurance # \_\_\_\_\_

Meadow Brook does not participate with Long Term Care Insurance's. We will not bill the Long Term Care Insurance. We will provide any medical records required for you/family/guardian, to do the actual billing.

Meadow Brook will bill you on a private pay basis at \$ \_\_\_\_\_ per each day of nursing care required. Payment is due in full by the 10<sup>th</sup> working day of each month.

\_\_\_\_\_  
(resident/sponsor/guardian)

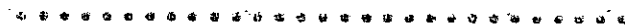
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

Longtermcare/kw

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