

Testimony
of
Edward A. Patton

Robert G. (Bob) Bethell Joint Committee
on Home and Community Based Services and KanCare Oversight
June 24, 2024

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Robert G. Bethell Joint Committee
Home and Community Based Services and KanCare Oversight
June 1, 2024

“Letter of Document Explanation”

KanCare Ombudsman Office Emails:

KDHE Eligibility Response; additional action will not be taken. Escalation Staff found this Case to be correct. However; some income values are not correct. Some patient liability letters were never received. Document information, some of which has been found to be false or misleading, has been used in calculating patient liability and community spouse shared income. The KanCare Ombudsman Office Administrative Specialist stated, “I think taking this to the Oversight Committee is a solid plan.”

Income Allowance Determination Forms:

IAD Forms; clearly use false income numbers, calculations and other document information.

Annual Income & Liability Analysis:

Analysis spreadsheets clearly show actual information furnished by KanCare; has been manipulated by the Department, falsified and misleading. These actions have occurred for the benefit of KanCare, and not for the benefit of the Patient or Spouse.

KanCare Patient Liability Notice Date: 03/21/2024; Effective 04/01/2024

Notice contains several letters that were never sent to the Patient or Spouse; as required by KanCare policy, Kansas Statutes, and/or Social Security Administration and the Department of Health & Human Services policies. Use of Kansas Economic and Employment Services Manual section(s) and subsection(s); varied between Patient Liability letters to calculate for the same purpose of setting benefits of Patient and Spouse. Mathematical calculations are set constants of abstract science, not meant to be variable by personal preferences.

KanCare Patient Liability Notice Date: 02/20/2024; Effective 04/01/2024

Notice contains several letters that were never sent to the Patient or Spouse; as required by KanCare policy, Kansas Statutes, and/or Social Security Administration and the Department of Health & Human Services policies. Use of Kansas Economic and Employment Services Manual section(s) and subsection(s); varied between Patient Liability letters to calculate for the same purpose of setting benefits of Patient and Spouse. Mathematical calculations are set constants of abstract science, not meant to be variable by personal preferences.

KanCare Patient Liability Notice Date: 08/06/2023; Effective 09/01/2023

Notice was not sent to the Patient. Use of Kansas Economic and Employment Services Manual section(s) and subsection(s); varied between Patient Liability letters to calculate for the same purpose of setting benefits of Patient and Spouse. Mathematical calculations are set constants of abstract science, not meant to be variable by personal preferences.

KanCare Patient Liability Notice Date: 01/13/2023; Effective 02/01/2023

Notice was not sent to the Patient. Use of Kansas Economic and Employment Services Manual section(s) and subsection(s); varied between Patient Liability letters to calculate for the same purpose of setting benefits of Patient and Spouse. Mathematical calculations are set constants of abstract science, not meant to be variable by personal preferences. Notice also shows Patient Liability for 01/01/2023.

Cherry L. Patton Unearned Income Records for FY23 & FY24

Actual Unearned Income as defined by; SSA New Benefit Amount for FY24, SSA Benefit Verification Letter for FY24, SSA-1099 Benefit Statement for FY23 and KPERS 1099-R for FY23.

Edward A. Patton Unearned Income Records for FY23 & FY24

Actual Unearned Income as defined by; SSA New Benefit Amount for FY24 and SSA-1099 Benefit Statement for FY23.

Citizens Security/360 Care Email to The Gardens at Aldersgate

Request is for information accuracy of Patient and Spouse.

The Gardens at Aldersgate Email Response to Citizens Security/360 Care

The Business Office Manager for Aldersgate verified the requested information. The Email contained information that the Patient and Spouse had never received from KanCare.

Invoices from The Gardens at Aldersgate for Patient Liability

The Invoices depict accounts receivable and Patient Liability paid by the Community Spouse for the patient. The Invoice amounts also show a history of Patient Liability amounts that were overpaid due to KanCare's failure in sending Patient Liability Notices showing changes in Patient Liability and Community Spouse's share to Patient and Spouse.

Transaction Report from The Gardens at Aldersgate for Patient Liability Totals

The Transaction Report depicts accounts receivable and Patient Liability paid by the Community Spouse of the patient. Transaction Report amounts also show a history of Patient Liability amounts that were overpaid due to KanCare's failure in sending Patient Liability Notices showing changes in Patient Liability and Community Spouse's share to Patient and Spouse.

Citizens Security/360 Care Notifications

Notifications show KanCare allowed medical care to be given to the Patient without seeking authorization from the patient's DPOA Representative, and causing accumulation of medical debts to be incurred by patient, by not informing the patient's Social Security Payee. Clear violations of Kansas Statutes and HIPAA Laws. By giving; unauthorized access to, use, and disclosure of protected health information, KanCare violated federal laws. KanCare Responses to Edward A. Patton concerning Medical Assistance

Edward A. Patton; the Patient's Community Spouse, was denied medical assistance by citing Excess Income on 04/13/2023. Then on 03/27/2024, Edward A. Patton was approved for medical assistance, despite increases to income. This appears to be an appeasement due to KanCare's failure to respond to grievances and hold a fair hearing concerning the lack of sufficient community spouse income. KanCare is driving him into bankruptcy at the benefit of KanCare, through possible malfeasance or KEESM policy violations of non-compliance.

United Healthcare Acknowledgement to Medical Assistance

Edward A. Patton was confirmed by UHC Community Plan on 04/11/2024

Ridgewood Estates Letter of Total Rent Increases for FY24

KanCare has not paid the Community Spouse's total monthly rent since 01/01/2021. They do not understand the concept of total monthly rent.

Ridgewood Estates Invoice History for FY23 & FY24

The Invoice History clearly shows KanCare has never paid the Total Monthly Rent for the community spouse of Cherry L. Patton.

EPILOG

At KanCare, the Right hand does not know what the Left hand is doing. They cannot add two plus two and come up with four. I am sure they do not comply with; FASB, GASB and GAAP. However, I do know they violate Kansas Statutes and Federal HIPAA law in the processing of the Patient and Spouse monthly income.

Lower level employees are not to blame for the issues we have experienced. It is clearly mid-level to upper-level officials and management that want to control client participation, and to gain through political power. This is unacceptable behavior for a state government agency funded by the taxpayers.

My wife and I had our retirement, six figures, in our savings account. When she suffered medical issues, it was KanCare officials that would not allow us to prepay our funerals. Instead officials stated that KanCare would take action to see we were broke after the division of assets. They were true to their word by; leaving our family to pay for what we could no longer afford and by leaving us to pay the bills with half of the income necessary, that we had had prior to my wife's medical issues began.

My wife and I graduated from Wichita State University. Her degree was in Criminal Justice, and my degrees were in Administration of Justice, Public Administration and a graduate certificate in Public Finance. Since the onset of her medical issues, and the costs involved, I have not been able to acquire gainful employment as a municipal administrator or manager; due to my age, financial position and social status. The state within which we were employed, and in which we retired, has turned on us for profitable gain through KanCare. Many times I have been unable to pay for automobile and home taxes when due. I have experienced not going to; medical professionals, buying needed medications, purchasing food and expenditures for other services necessary for health, safety and personal well-being in the home.

Medical providers, and other state government agencies, speak about KanCare policies and actions being out of control, and in need of new management. We concur with these opinions. If we had known how we would have been treated by the state legislature and KanCare, my wife and I would have moved out of the state of Kansas to retire. Tiebout's Hypothesis on Economics asserts that, "When it is efficient to have multiple jurisdictions providing local public goods, then competition between jurisdictions for residents will lead to a near-optimal outcome!" In addition, his hypothesis also asserts that, "Economic efficiency will be attained in an economy with local public goods!" In short, people will vote with their feet! People differ in their needs and personal tastes for publicly provided goods, and that people are highly mobile when it comes to receiving the best deal!

Kansas' population is ranked 31st in the nation, and people 65 or older account for 20% of the population. It is important that KDHE/KanCare understand those statistics. Kansas is ranked 8th in affordability but falls short by 50% or more in other categories such as; crime, feelings of self, and healthcare costs. These categories have a large impact on residents that are 65 and older. Though Kansas touts ICMA and KACM in government management, they are based on ethical behavior. In my personal opinion, KDHE/KanCare ethics fall below the standard of care for Kansas residents.

These documents and information is not the only evidence I possess concerning the actions and behavior that reflect negatively on KDHE/KanCare. Other evidence is available upon request.

Sincerely,

Edward A. Patton

Rob Stevens [KOO]

rob.stevens@ks.gov

je_patton74@yahoo.com

Thu May 10 at 9:12 AM

Asking for a redetermination base upon your findings

I hope leadership at Kancare aka KDHE Eligibility will call you directly to fully explain and make any corrections needed.

Terribly sorry we lost connection, my fault, phone issues.

Thank you.

Rob

Rob Stevens

Administrative Specialist,

KanCare Ombudsman Office

Office of Public Advocates

Phone: (785) 296-1492

Relay: 711

Rob.stevens@ks.gov

Rob Stevens [KOO]

Phone: rob.stevens@ks.gov

Email: e_patton74@yahoo.com

Role: KanCare Ombudsman [KOO]

patton74@101717171

Response from KDHE was additional action will not be taken.
See KDHE Eligibility response, below:

This case has been reviewed on multiple occasions by escalation staff and found to be correct and contact has been made with the spouse.

I do not find that additional action by eligibility staff will resolve anything.

CHERRY L PATTON

06/15/2021 – Ombudsman escalation

06/22/2021 – Management escalation

10/19/2021 – Fair Hearing completed

03/20/2024 – Ombudsman escalation

04/12/2024 – escalation worker contacted spouse, Ed, to attempt to explain determination KS Medicaid policy; spouse advised that he understand current policy but does not believe it is fair

[KDHE]

Special Projects Manager

6531 SE Forbes Ave, Suite A

Topeka, KS 66619

Rob

Rob Stevens

Administrative Specialist,

KanCare Ombudsman Office

Office of Public Advocates

Phone: (785) 296-1492

Relay: 711

Rob.stevens@ks.gov

Ed Patton

From: ed_patton74@yahoo.com

To: Rob Stevens [KOO]

Fri, May 10 at 9:27 PM

Mr. Stevens,

Sir, with all due respect, the documentation that Cherry and I have received from KanCare is obviously at odds with what The Gardens at Aldersgate, Citizens's Security 360 Care and you have been made aware of. Key factors for investigation should be the time lapse between the onset of Covid and the March 2024 documents with an effective date of April 1, 2024. I have been asked to forward copies of the documentation to the KanCare Oversight Committee. The information speaks for itself. The documentation I have requested falls under the Freedom of Information Act. Why must I have to go through all of the red-tape just get the information I seek on behalf of my wife as her DPOA?

Best Regards,

Edward A. Patton

Rob Stevens [KOO]

From: rob.stevens@ks.gov

To: Ed Patton

Cc: Kancare Ombudsman [KOO]

Mon, May 13 at 10:12 AM

KanCare, KanCare Clearinghouse... It's all KDHE and more specifically KDHE Eligibility that makes all the decisions.

No one can see into their systems.

The KDHE Eligibility response I was given is where they stand.

I think taking this to the oversight committee is a solid plan.

INCOME ALLOWANCE DETERMINATION FORM

Spouse in long-term care: Cherry Patton

Community Spouse: Edward Patton

Case Number:  _____

This form is to be used to determine the total amount of income received by a married couple and the amount of the community spouse and/or family member income allowance. List all of the couple's countable income below. (Attach additional sheets if necessary.)

SECTION I – INCOME

A. EARNED INCOME – List all earned income including self-employment income.

	Source	Wage Earner	Monthly Gross (or Adjusted Gross for Self-employment)
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____

B. UNEARNED INCOME – List all unearned income. Examples: alimony, unemployment income, royalties, dividends, rent, mortgage, sales contract income, military or VA benefit, retirement pension, worker's compensation, etc. If income is received jointly, list both spouses' names.

	Source	Spouse(s) Receiving Income	Monthly Gross
1.	Social Security	Cherry Patton	\$ 1,674.00
2.	KPERS	Cherry Patton	\$ 1,215.93
3.	Social Security	Edward Patton	\$ 2,171.00
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____
10.	_____	_____	\$ _____

C. INCOME TOTALS – Total all earned and unearned income from page 1 and list below.

1. Income Received by Spouse in long-term care	\$ 2,889.93
2. Income Received by Community Spouse	\$ + 2,171.00
3. Income Received Jointly	\$ + 0.00
4. Total Income of Couple	\$ = 5,060.93

If total income is less than or equal to \$2,465 go to Section III. If total income is greater than \$2,465 complete Section II first.

SECTION II – SHELTER EXPENSES

List monthly shelter expenses below for the community spouse and compute the excess shelter amount.

1. Rental Cost	\$ 516.00
2. Mortgage Payment	\$ 0.00
3. Property Taxes (if not included in item 2 above)	\$ 29.92
4. Home Insurance (if not included in item 2 above)	\$ 64.58
5. Other (Condominium/Cooperative charges)	\$ 0.00
	Add items 1 through 5 \$ 610.50
	Subtract \$ - 297.50
6. Total Excess Shelter	\$ = 313.00

SECTION III – COMMUNITY SPOUSE INCOME ALLOWANCE

The community spouse may retain up to \$2,465 per month of the couple’s total income. The community spouse’s share can be increased by the amount of excess shelter expense calculated above. In any event, the maximum community spouse income allowance is \$3,715.50 per month.

Calculate the total amount of income which can be allocated to the community spouse.

1. \$2,465 minimum allowance	\$ 2,465.00
2. Total excess shelter (Line II-6)	\$ + 313.00
3. Total allowable community spouse allowance	\$ = 2,778.00
4. Community spouse’s gross income	\$ - 2,171.00
5. Net community spouse income allowance which can be provided	\$ = 607.00

SECTION IV – FAMILY INCOME ALLOWANCE

Each family member who lives with the community spouse can receive \$822 per month of the income of the spouse in long term care as long as that member’s gross monthly income does not exceed \$2,465. If the income is in excess of \$2,465 no income allowance can be provided to that member. A family member is defined as a minor dependent child, dependent parent, or dependent brother or sister of either spouse.

List the dependent family members, type of dependency (minor child, disabled, etc.), and amount of gross income for each below.

Name	Dependency	Amount of Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Qualifying Members 0

Calculate the total amount of income which can be allocated to each family member.

1. Monthly income allowance per family member	\$ 822.00
2. Number of qualifying family members	× 0
3. Total family allowance which can be provided	\$ = 0.00

SECTION V – SHARE OF INCOME FOR SPOUSE IN LONG-TERM CARE

Calculate the institutionalized spouse’s share of the total non-exempt income.

1. Total income of the spouse in long-term care	\$ 2,889.93
2. Income to be allocated to the community spouse	\$ - 607.00
3. Income to be allocated to other family members	\$ - 0.00
4. Spouse in long-term care’s share of total income	\$ = 2,282.93

SECTION VI – TOTAL ALLOCATION

Based on the total allowance amount(s) which can be provided as indicated above, the couple’s income will be allocated as follows:

1. Community spouse’s share of total income	\$ 2,778.00
2. Spouse in long-term care share of total income	\$ + 2,282.93
3. Family member(s) share of total income	\$ + 0.00
4. Total income of couple (Should be the same as Section I, Line C-4 above)	\$ = 5,060.93

Person Completing Form: Jonna Kilian

Signature: *J Kilian*

Date Form Completed: 03/21/2024

INCOME ALLOWANCE DETERMINATION FORM

Spouse in long-term care: Cherry Patton

Community Spouse: Edward Patton

Case Number:  _____

This form is to be used to determine the total amount of income received by a married couple and the amount of the community spouse and/or family member income allowance. List all of the couple's countable income below. (Attach additional sheets if necessary.)

SECTION I – INCOME

A. EARNED INCOME – List all earned income including self-employment income.

	Source	Wage Earner	Monthly Gross (or Adjusted Gross for Self-employment)
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____

B. UNEARNED INCOME – List all unearned income. Examples: alimony, unemployment income, royalties, dividends, rent, mortgage, sales contract income, military or VA benefit, retirement pension, worker's compensation, etc. If income is received jointly, list both spouses' names.

	Source	Spouse(s) Receiving Income	Monthly Gross
1.	Social Security	Cherry Patton	\$ 1,674.00
2.	KPERS	Cherry Patton	\$ 1,215.93
3.	Social Security	Edward Patton	\$ 2,171.00
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____
10.	_____	_____	\$ _____

C. INCOME TOTALS – Total all earned and unearned income from page 1 and list below.

1. Income Received by Spouse in long-term care	\$ 2,889.93
2. Income Received by Community Spouse	\$ + 2,171.00
3. Income Received Jointly	\$ + 0.00
4. Total Income of Couple	\$ = 5,060.93

If total income is less than or equal to \$2,465 go to Section III. If total income is greater than \$2,465 complete Section II first.

SECTION II – SHELTER EXPENSES

List monthly shelter expenses below for the community spouse and compute the excess shelter amount.

1. Rental Cost	\$ 516.00
2. Mortgage Payment	\$ 0.00
3. Property Taxes (if not included in item 2 above)	\$ 29.92
4. Home Insurance (if not included in item 2 above)	\$ 64.58
5. Other (Condominium/Cooperative charges)	\$ 0.00
	Add items 1 through 5 \$ 610.50
	Subtract \$ - 277.50
6. Total Excess Shelter	\$ = 313.00

SECTION III – COMMUNITY SPOUSE INCOME ALLOWANCE

The community spouse may retain up to \$2,465 per month of the couple’s total income. The community spouse’s share can be increased by the amount of excess shelter expense calculated above. In any event, the maximum community spouse income allowance is \$3,853.50 per month.

Calculate the total amount of income which can be allocated to the community spouse.

1. \$2,465 minimum allowance	\$ 2,465.00
2. Total excess shelter (Line II-6)	\$ + 313.00
3. Total allowable community spouse allowance	\$ = 2,778.00
4. Community spouse’s gross income	\$ - 2,171.00
5. Net community spouse income allowance which can be provided	\$ = 607.00

SECTION IV – FAMILY INCOME ALLOWANCE

Each family member who lives with the community spouse can receive \$822 per month of the income of the spouse in long term care as long as that member’s gross monthly income does not exceed \$2,465. If the income is in excess of \$2,465 no income allowance can be provided to that member. A family member is defined as a minor dependent child, dependent parent, or dependent brother or sister of either spouse.

List the dependent family members, type of dependency (minor child, disabled, etc.), and amount of gross income for each below.

Name	Dependency	Amount of Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Qualifying Members 0

Calculate the total amount of income which can be allocated to each family member.

1. Monthly income allowance per family member	\$ 822.00
2. Number of qualifying family members	× 0
3. Total family allowance which can be provided	\$ = 0.00

SECTION V – SHARE OF INCOME FOR SPOUSE IN LONG-TERM CARE

Calculate the institutionalized spouse’s share of the total non-exempt income.

1. Total income of the spouse in long-term care	\$ 2,889.93
2. Income to be allocated to the community spouse	\$ - 607.00
3. Income to be allocated to other family members	\$ - 0.00
4. Spouse in long-term care’s share of total income	\$ = 2,282.93

SECTION VI – TOTAL ALLOCATION

Based on the total allowance amount(s) which can be provided as indicated above, the couple’s income will be allocated as follows:

1. Community spouse’s share of total income	\$ 2,778.00
2. Spouse in long-term care share of total income	\$ + 2,282.93
3. Family member(s) share of total income	\$ + 0.00
4. Total income of couple (Should be the same as Section I, Line C-4 above)	\$ = 5,060.93

Person Completing Form: Jonna Kilian

Signature: *J Kilian*

Date Form Completed: 03/21/2024

INCOME ALLOWANCE DETERMINATION FORM

Spouse in long-term care: Cherry Patton

Community Spouse: Edward Patton

Case Number:  _____

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A. EARNED INCOME – List all earned income including self-employment income.

	Source	Wage Earner	Monthly Gross (or Adjusted Gross for Self-employment)
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2.	_____	_____	\$ _____

B. UNEARNED INCOME – List all unearned income. Examples: alimony, unemployment income, royalties, dividends, rent, mortgage, sales contract income, military or VA benefit, retirement pension, worker's compensation, etc. If income is received jointly, list both spouses' names.

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5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____
10.	_____	_____	\$ _____

C. INCOME TOTALS – Total all earned and unearned income from page 1 and list below.

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3. Income Received Jointly	\$ + 0.00
4. Total Income of Couple	\$ = 5,060.93

If total income is less than or equal to \$2,465 go to Section III. If total income is greater than \$2,465 complete Section II first.

SECTION II – SHELTER EXPENSES

List monthly shelter expenses below for the community spouse and compute the excess shelter amount.

1. Rental Cost	\$ 516.00
2. Mortgage Payment	\$ 0.00
3. Property Taxes (if not included in item 2 above)	\$ 29.92
4. Home Insurance (if not included in item 2 above)	\$ 64.58
5. Other (Condominium/Cooperative charges)	\$ 0.00
	Add items 1 through 5 \$ 610.50
	Subtract \$ - 277.50
6. Total Excess Shelter	\$ = 313.00

SECTION III – COMMUNITY SPOUSE INCOME ALLOWANCE

The community spouse may retain up to \$2,465 per month of the couple’s total income. The community spouse’s share can be increased by the amount of excess shelter expense calculated above. In any event, the maximum community spouse income allowance is \$3,853.50 per month.

Calculate the total amount of income which can be allocated to the community spouse.

1. \$2,465 minimum allowance	\$ 2,465.00
2. Total excess shelter (Line II-6)	\$ + 313.00
3. Total allowable community spouse allowance	\$ = 2,778.00
4. Community spouse’s gross income	\$ - 2,171.00
5. Net community spouse income allowance which can be provided	\$ = 607.00

SECTION IV – FAMILY INCOME ALLOWANCE

Each family member who lives with the community spouse can receive \$822 per month of the income of the spouse in long term care as long as that member’s gross monthly income does not exceed \$2,465. If the income is in excess of \$2,465 no income allowance can be provided to that member. A family member is defined as a minor dependent child, dependent parent, or dependent brother or sister of either spouse.

List the dependent family members, type of dependency (minor child, disabled, etc.), and amount of gross income for each below.

Name	Dependency	Amount of Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Effective Date: April 2024

Total Qualifying Members 0

Calculate the total amount of income which can be allocated to each family member.

1. Monthly income allowance per family member	\$ <u>822.00</u>
2. Number of qualifying family members	<u>x 0</u>
3. Total family allowance which can be provided	\$ = <u>0.00</u>

SECTION V – SHARE OF INCOME FOR SPOUSE IN LONG-TERM CARE

Calculate the institutionalized spouse's share of the total non-exempt income.

1. Total income of the spouse in long-term care	\$ <u>2,889.93</u>
2. Income to be allocated to the community spouse	\$ - <u>607.00</u>
3. Income to be allocated to other family members	\$ - <u>0.00</u>
4. Spouse in long-term care's share of total income	\$ = <u>2,282.93</u>

SECTION VI – TOTAL ALLOCATION

Based on the total allowance amount(s) which can be provided as indicated above, the couple's income will be allocated as follows:

1. Community spouse's share of total income	\$ <u>2,778.00</u>
2. Spouse in long-term care share of total income	\$ + <u>2,282.93</u>
3. Family member(s) share of total income	\$ + <u>0.00</u>
4. Total income of couple (Should be the same as Section I, Line C-4 above)	\$ = <u>5,060.93</u>

Person Completing Form: Jonna Kilian

Signature: *J. Kilian*

Date Form Completed: 03/21/2024

ANNUAL INCOME & LIABILITY ANALYSIS

Total Income for Cherry L. Patton

ITEM	KPERS		SSA				TOTAL
	Monthly	Annually	Monthly	Ins. Prem.	Net	Annually	Annual Income
FY20:	1,456.95	17,483.40	1,435.60	144.60	1,291.00	17,227.20	34,710.60
FY21:	1,215.93	14,591.16	1,455.00	0.00	1,310.40	17,457.50	32,048.66
FY22:	1,215.93	14,591.16	1,540.00	0.00	1,540.00	18,480.00	33,071.16
FY23:	1,215.93	14,591.16	1,674.00	0.00	1,674.00	20,088.00	34,679.16
FY24:	1,215.93	14,591.16	1,728.00	0.00	1,728.00	20,736.00	35,327.16

Combined Gross Annual Income (KPERS & SSA) for Cherry & Edward

ITEM	C & E - KPERS		C - SSA		E - SSA		Combined
	Monthly	Annually	Monthly	Annually	Monthly	Annually	Annual Income
FY20:	1,697.97	20,375.64	1,435.60	17,227.20	1,717.00	22,339.20	59,942.04
FY21:	1,215.93	14,591.16	1,455.00	17,457.50	1,885.50	22,626.00	54,674.66
FY22:	1,215.93	14,591.16	1,540.00	18,480.00	1,997.60	23,971.20	57,042.36
FY23:	1,215.93	14,591.16	1,674.00	20,088.00	2,170.90	26,050.80	60,729.96
FY24:	1,215.93	14,591.16	1,728.00	20,736.00	2,240.70	26,888.40	62,215.56

Actual Documented Use of Monthly KanCare Dispersements by Fiscal Year for Cherry L. Patton & Spouse

	KPERS	SSA	SSA/C-USE	LIABILITY	OTHER USE	SPOUSE	INCOME
FY23:							
JAN	1,215.93	1,674.00	62.00	2,142.28	0.00	685.65	2,889.93
FEB - AUG	1,215.93	1,674.00	62.00	2,117.30	0.00	710.63	2,889.93
SEP - DEC	1,215.93	1,674.00	62.00	1,970.93	0.00	857.00	2,889.93
FY24:							
JAN - MAR	1,215.93	1,728.00	62.00	1,970.93	0.00	911.00	2,943.93
APR -	1,215.93	1,728.00	62.00	1,902.63	422.00	557.30	2,943.93

KanCare Monthly Dispersements by Fiscal Year - Dated (02/20/2024) - for Cherry L. Patton & Spouse

	KPERS	SSA	SSA/C-USE	LIABILITY	OTHER USE	SPOUSE	INCOME
FY23:							
MAR - 1	1,215.93	1,674.00	62.00	2,117.30	0.00	710.63	2,889.93
APR - JUN	1,215.93	1,674.00	62.00	2,117.30	0.00	710.63	2,889.93
JUL - AUG	1,215.93	1,674.00	62.00	1,993.93	0.00	834.00	2,889.93
SEP - DEC	1,215.93	1,674.00	62.00	1,970.93	0.00	857.00	2,889.93
FY24:							
JAN	1,215.93	1,728.00	62.00	1,970.93	0.00	911.00	2,943.93
FEB - MAR	1,215.93	1,728.00	62.00	1,950.93	0.00	931.00	2,943.93
APR -	1,215.93	1,728.00	62.00	2,074.63	0.00	807.30	2,943.93

KanCare Monthly Dispersements by Fiscal Year - Dated (03/21/2024) - for Cherry L. Patton & Spouse

	KPERS	SSA	SSA/C-USE	LIABILITY	OTHER USE	SPOUSE	INCOME
FY23:							
MAR - 1	1,215.93	1,674.00	62.00	2,117.30	0.00	710.63	2,889.93
APR - JUN	1,215.93	1,674.00	62.00	2,117.30	0.00	710.63	2,889.93
JUL - SEP	1,215.93	1,674.00	62.00	1,993.93	0.00	834.00	2,889.93
OCT - DEC	1,215.93	1,674.00	62.00	1,937.93	283.00	607.00	2,889.93
FY24:							
JAN - MAR	1,215.93	1,728.00	62.00	1,778.93	476.00	627.00	2,943.93
APR -	1,215.93	1,728.00	62.00	1,902.63	422.00	557.30	2,943.93

Patient Liability Change Notices not received when due.

Patient Liability Change Values that are incorrect.

ANNUAL INCOME & LIABILITY ANALYSIS

Total Income for Edward A. Patton

KPERS		SSA				TOTAL	COMBINED
Monthly	Annually	Monthly	Ins. Prem.	Net	Annually	Annual Income	Annual Income
241.02	2,892.24	1,717.00	144.60	1,572.40	22,339.20	25,231.44	59,942.04
0.00	0.00	1,885.50	148.50	1,737.00	22,626.00	22,626.00	54,674.66
0.00	0.00	1,997.60	170.10	1,827.00	23,971.20	23,971.20	57,042.36
0.00	0.00	2,170.90	164.90	2,006.00	26,050.80	26,050.80	60,729.96
0.00	0.00	2,240.70	174.70	2,066.00	26,888.40	26,888.40	62,215.56

Actual Impact of the Combined Annual COLA Percentage (%) & Income (\$) for Cherry & Edward

SSA - COLA Percentage	Cherry - SSA Impact Actual COLA	Cherry - SSA Impact Impact (+/-)	Edward - SSA Impact Actual COLA	Edward - SSA Impact Impact (+/-)	Annual Impact For Cherry (\$)	Annual Impact For Edward (\$)	Combined SSA Annual Impact
1.90%	-	-	-	-	-	-	-
1.30%	1.3192%	0.0192%	1.2676%	-0.0324%	3.31	(7.24)	(3.93)
5.90%	5.5330%	-0.3670%	5.6117%	-0.2883%	(64.07)	(65.39)	(129.46)
8.70%	8.0048%	-0.6952%	7.9829%	-0.7171%	(128.47)	(166.65)	(295.12)
3.20%	3.1250%	-0.0750%	3.1151%	-0.0849%	(15.07)	(19.54)	(34.60)

Actual Impact on the Combined Monthly COLA Percentage (%) & Income (\$) of SSA for Cherry & Edward

SSA - COLA Percentage	Cherry - SSA Annual Impact (%)	Cherry - SSA Annual Impact (\$)	Edward - SSA Annual Impact (%)	Edward - SSA Annual Impact (\$)	Combined SSA Annual Impact	Combined SSA Monthly Impact	Combined SSA Annual Income
1.90%	-	-	-	-	-	-	39,566.40
1.30%	1.3192%	3.31	1.2676%	(7.24)	(3.93)	(0.33)	40,083.50
5.90%	5.5330%	(64.07)	5.6117%	(65.39)	(129.46)	(10.79)	42,445.20
8.70%	8.0048%	(128.47)	7.9829%	(166.65)	(295.12)	(24.59)	46,138.80
3.20%	3.1250%	(15.07)	3.1151%	(19.54)	(34.60)	(2.88)	47,624.40
		(204.30)		(258.82)	(463.11)	(38.59)	

KanCare Monthly Income Allowance Determination Form - Dated (03/21/2024) - for Cherry & Edward

	Income	Actual Income	C - Income	E - Income	C-LTC-Share	E-Min-Share	Net CS Income
OCT-DEC/23	\$	\$	\$	\$	\$	\$	\$
SSA - Cherry	1,674.00	1,674.00	1,674.00				
KPERS - Cherry	1,215.93	1,215.93	1,215.93				
SSA - Edward	2,171.00	2,171.90		2,171.00			607.00
Total Income	5,060.93	5,061.83	2,889.93	2,171.00	2,282.93	2,465.00	607.00

JAN-MAR/24	\$	\$	\$	\$	\$	\$	\$
SSA - Cherry	1,674.00	1,728.00	1,674.00				
KPERS - Cherry	1,215.93	1,215.93	1,215.93				
SSA - Edward	2,171.00	2,240.70		2,171.00			607.00
Total Income	5,060.93	5,184.63	2,889.93	2,171.00	2,282.93	2,465.00	607.00

APR/24	\$	\$	\$	\$	\$	\$	\$
SSA - Cherry	1,674.00	1,728.00	1,674.00				
KPERS - Cherry	1,215.93	1,215.93	1,215.93				
SSA - Edward	2,171.00	2,240.70		2,171.00			607.00
Total Income	5,060.93	5,184.63	2,889.93	2,171.00	2,282.93	2,465.00	607.00

Income Allowance Determination Forms with miscalculations.

Income Allowance Determination Values that are incorrect.

ANNUAL INCOME & LIABILITY ANALYSIS

KanCare Monthly Patient Liability Distribution on 03/21/2024 for Cherry L. Patton - Effective Date: April 2024

Income Source	Line Item Definition	FY23 OCT - DEC	FY24 JAN - MAR	FY24 APR - JUN	Page Number & Section - Line
KPERS & SSA	Gross Income	2,889.93	2,943.93	2,943.93	P1 - S5:8 - L4
Social Security	Personal Use Only	62.00	62.00	62.00	P1 - S5:4 - L4
	Gross Income Remainder	2,827.93	2,881.93	2,881.93	
Social Security	Other Use - 360 Care Insurance	283.00	283.00	283.00	P1 - S5:6 - L4
	Gross Income Remainder	2,544.93	2,598.93	2,598.93	
Social Security	Other Use - AETNA Insurance	0.00	139.00	139.00	P1 - S5:6 - L4
	Gross Income Remainder	2,544.93	2,459.93	2,459.93	
Social Security	Other Use - ?	0.00	54.00	0.00	P1 - S5:6 - L4
	Gross Income Remainder	2,544.93	2,405.93	2,459.93	
Social Security	Community Spouse	607.00	627.00	557.30	P1 - S5:7 - L5
KPERS & Social Security	Patient Liability	1,937.93	1,778.93	1,902.63	P1 - S5:5 - L6

Actual Monthly Patient Liability Distribution for Cherry L. Patton

Income Source	Line Item Definition	FY23 OCT - DEC	FY24 JAN - MAR	FY24 APR	Page Number & Section - Line
KPERS & SSA	Gross Income	2,889.93	2,943.93	2,943.93	P1 - S3:8 - L3
Social Security	Personal Use Only	62.00	62.00	62.00	P1 - S3:4 - L3
	Gross Income Remainder	2,827.93	2,881.93	2,881.93	
Social Security	Other Use - 360 Care Insurance	0.00	0.00	283.00	P1 - S3:6 - L5
	Gross Income Remainder	2,827.93	2,881.93	2,598.93	
Social Security	Other Use - AETNA Insurance	0.00	0.00	139.00	P1 - S3:6 - L5
	Gross Income Remainder	2,827.93	2,881.93	2,459.93	
Social Security	Other Use - ?	0.00	0.00	0.00	P1 - S3:6 - L5
	Gross Income Remainder	2,827.93	2,881.93	2,459.93	
Social Security	Community Spouse	857.00	911.00	557.30	P1 - S3:7 - L5
KPERS & Social Security	Patient Liability	1,970.93	1,970.93	1,902.63	P1 - S3:5 - L5

Social Security	Difference in Comm. Spouse \$:	250.00	284.00	0.00
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Information not received prior to March 21, 2024.

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



0010002326.1 000010

Notice Date: 03/21/2024

Case Name: CHERRY L PATTON

Case Number: 

Program: Medical

CHERRY L PATTON
3220 SW ALBRIGHT DR
TOPEKA, KS 66614-4707



10000

General Correspondence

We are sending this notice to provide you with more information about recent case action.

This notice provides information concerning the amount of income allowances for your spouse and/or other family members as determined under the Federal Spousal Impoverishment Law.

A copy of the income allowance forms used to determine these allowances, as well as an approval notice containing more information regarding your eligibility will be sent under separate cover.

The following allowances were approved:

Monthly income allowance which can be provided to your spouse beginning 10/01/2023: \$607.00.

Monthly income allowance which can be provided to your spouse beginning 01/01/2024: \$627.00.

Monthly income allowance which can be provided to your spouse beginning 04/01/2024: \$557.30.

This assessment was completed in accordance with the Medical Kansas Economic and Employment Services Manual section(s) 8144; 8244 and subsections.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Medical Assistance Reporting Requirements

You must tell us about the changes below within 10 days of the time you learn of the change.

1. Changes in the source of earned or unearned income.
2. Changes in the amount of earned or unearned income.
3. If your SSI check changes or stops.
4. If anyone gets married, separated, or divorced.
5. If anyone moves in or out of your home.
6. If you move, your new address.
7. If you enter or leave a hospital or other institution.
8. If your household's total cash, savings, or other resources goes over \$2,000.
9. If you are disabled and the SSA decides that you are no longer disabled.
10. If you have any changes in your Medicare coverage or health insurance plans.

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



0010002326.1 000009

Notice Date: 03/21/2024
Case Name: CHERRY L PATTON
Case Number: 10010406
Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525



10000

General Correspondence

We are sending this notice to provide you with more information about recent case action.

This notice provides information concerning the amount of income allowances for your spouse and/or other family members as determined under the Federal Spousal Impoverishment Law.

A copy of the income allowance forms used to determine these allowances, as well as an approval notice containing more information regarding your eligibility will be sent under separate cover.

The following allowances were approved:

- Monthly income allowance which can be provided to your spouse beginning 10/01/2023: \$607.00.
- Monthly income allowance which can be provided to your spouse beginning 01/01/2024: \$627.00.
- Monthly income allowance which can be provided to your spouse beginning 04/01/2024: \$557.30.

This assessment was completed in accordance with the Medical Kansas Economic and Employment Services Manual section(s) 8144; 8244 and subsections.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Medical Assistance Reporting Requirements

You must tell us about the changes below within 10 days of the time you learn of the change.

1. Changes in the source of earned or unearned income.
2. Changes in the amount of earned or unearned income.
3. If your SSI check changes or stops.
4. If anyone gets married, separated, or divorced.
5. If anyone moves in or out of your home.
6. If you move, your new address.
7. If you enter or leave a hospital or other institution.
8. If your household's total cash, savings, or other resources goes over \$2,000.
9. If you are disabled and the SSA decides that you are no longer disabled.
10. If you have any changes in your Medicare coverage or health insurance plans.

11. If you have health insurance and the amount of your premium goes down.
12. If you transfer resources or income, including to or from a trust.

We want you to get the correct medical coverage. Please help us by reporting these changes.

Please read the last page of this letter. It has important information about your right to a fair hearing.


We provide interpreter services at no cost.

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

Copies sent to: EDWARD A PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Notice Date: 03/21/2024
Case Name: CHERRY L PATTON
Case Number: 
Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525

30003

General Correspondence

We are changing Medical Assistance coverage or benefits effective 04/01/2024 for the following individuals:

CHERRY L. PATTON

CHERRY L. PATTON will have a change to his or her Share of Cost effective 04/01/2024.

Your patient liability is changing because of changes in your income or expenses.

We previously notified you that your monthly patient liability for the cost of care at THE GARDENS AT ALDERSGATE - SN - ADMINISTRATOR was \$1,778.93 for 03/01/2024.

Your patient liability is now \$1,902.63 effective 04/01/2024.

Your share of cost for Long Term Care services is \$1,902.63 beginning 04/01/2024. We will tell you when this amount changes.

The amount of your patient liability remains the same each month until you are notified of any change. You pay the patient liability directly to the facility every month. You must notify your KanCare of any changes within 10 days.

This action is based on the Kansas Economic and Employment Services Manual section(s) 2610; 8100; 8170; 8172 and subsections.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Medical Assistance Reporting Requirements

You must tell us about the changes below within 10 days of the time you learn of the change.

1. Changes in the source of earned or unearned income.
2. Changes in the amount of earned or unearned income.
3. If your SSI check changes or stops.
4. If anyone gets married, separated, or divorced.
5. If anyone moves in or out of your home.

6. If you move, your new address.
7. If you enter or leave a hospital or other institution.
8. If your household's total cash, savings, or other resources goes over \$2,000.
9. If you are disabled and the SSA decides that you are no longer disabled.
10. If you have any changes in your Medicare coverage or health insurance plans.
11. If you have health insurance and the amount of your premium goes down.
12. If you transfer resources or income, including a trust.

We want you to get the correct medical coverage. Please help us by reporting these changes.

Please read the last page of this letter. It has important information about your right to a fair hearing.

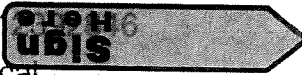
We provide interpreter services at no cost.

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

Copies sent to: EDWARD A PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR



KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738

Notice Date: 03/21/2024
Case Name: CHERRY L PATTON
Case Number: 
Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525

00005

General Correspondence

We are changing Medical Assistance coverage or benefits effective 01/01/2024 for the following individuals:

CHERRY L. PATTON

CHERRY L. PATTON will have a change to his or her Share of Cost effective 01/01/2024.

Your patient liability is changing because of changes in your income or expenses.

We previously notified you that your monthly patient liability for the cost of care at THE GARDENS AT ALDERSGATE - SN - ADMINISTRATOR was \$1,950.93 for 01/01/2024.

Your patient liability is now \$1,778.93 effective 01/01/2024.

Your share of cost for Long Term Care services is \$1,778.93 beginning 01/01/2024. We will tell you when this amount changes.

The amount of your patient liability remains the same each month until you are notified of any change. You pay the patient liability directly to the facility every month. You must notify your KanCare of any changes within 10 days.

This action is based on the Kansas Economic and Employment Services Manual section(s) 2610; 8100; 8170; 8172 and subsections.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Medical Assistance Reporting Requirements

You must tell us about the changes below within 10 days of the time you learn of the change.

1. Changes in the source of earned or unearned income.
2. Changes in the amount of earned or unearned income.
3. If your SSI check changes or stops.
4. If anyone gets married, separated, or divorced.
5. If anyone moves in or out of your home.

6. If you move, your new address.
7. If you enter or leave a hospital or other institution.
8. If your household's total cash, savings, or other resources goes over \$2,000.
9. If you are disabled and the SSA decides that you are no longer disabled.
10. If you have any changes in your Medicare coverage or health insurance plans.
11. If you have health insurance and the amount of your premium goes down.
12. If you transfer resources or income, including a trust.

We want you to get the correct medical coverage. Please help us by reporting these changes.

Please read the last page of this letter. It has important information about your right to a fair hearing.

We provide interpreter services at no cost.

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

Copies sent to: EDWARD A PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR

KanCare Clearinghouse
 PO Box 3599
 Topeka, KS 66601-9738



Notice Date: 03/21/2024

Case Name: CHERRY L PATTON

Case Number:

Program: Medical

EDWARD A PATTON
 772 SE RIDGEVIEW DR
 TOPEKA, KS 66609-1525

00007

General Correspondence

We are changing Medical Assistance coverage or benefits effective 10/01/2023 for the following individuals:

CHERRY L. PATTON

CHERRY L. PATTON will have a change to his or her Share of Cost effective 10/01/2023.

Your patient liability is changing because of changes in your income or expenses.

We previously notified you that your monthly patient liability for the cost of care at THE GARDENS AT ALDERSGATE - SN - ADMINISTRATOR was \$1,970.93 for 10/01/2023.

Your patient liability is now \$1,937.93 effective 10/01/2023.

Your share of cost for Long Term Care services is \$1,937.93 beginning 10/01/2023. We will tell you when this amount changes.

The amount of your patient liability remains the same each month until you are notified of any change. You pay the patient liability directly to the facility every month. You must notify your KanCare of any changes within 10 days.

This action is based on the Kansas Economic and Employment Services Manual section(s) 2610; 8100; 8170; 8172 and subsections.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Medical Assistance Reporting Requirements

You must tell us about the changes below within 10 days of the time you learn of the change.

1. Changes in the source of earned or unearned income.
2. Changes in the amount of earned or unearned income.
3. If your SSI check changes or stops.
4. If anyone gets married, separated, or divorced.
5. If anyone moves in or out of your home.

6. If you move, your new address.
7. If you enter or leave a hospital or other institution.
8. If your household's total cash, savings, or other resources goes over \$2,000.
9. If you are disabled and the SSA decides that you are no longer disabled.
10. If you have any changes in your Medicare coverage or health insurance plans.
11. If you have health insurance and the amount of your premium goes down.
12. If you transfer resources or income, including a trust.

We want you to get the correct medical coverage. Please help us by reporting these changes.

Please read the last page of this letter. It has important information about your right to a fair hearing.

We provide interpreter services at no cost.

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

Copies sent to: EDWARD A PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



0010002327.1 000876

Notice Date: 03/21/2024
Case Name: CHERRY L PATTON
Case Number: 12392846
Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525



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Medical Rights and Responsibilities

RIGHT TO REQUEST A FAIR HEARING You have the right to ask for a fair hearing if you do not agree with a decision made about your case. You may ask for a hearing in writing or by phone. Your request for a hearing must be received within 30 calendar days, plus 3 extra days for mailing, from the date on the notice of decision. You can represent yourself at the hearing or have someone represent you. Fair hearing decisions are most often made within 90 calendar days from the date of request. You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send papers from a medical professional as proof of the urgent medical need at the time you ask for an expedited hearing. If approved, the expedited hearing will be set as soon as possible. If denied, the hearing will be set in the usual amount of time. If you ask for a hearing, you may be able to keep your coverage while you wait for your hearing decision. Your coverage will be continued if you ask for a hearing either before the effective date of the eligibility decision or within 15 calendar days from the date of the notice, whichever is later. If your coverage continues until the hearing decision, you may have to pay back any assistance you receive if the decision is not in your favor. Continuation of benefits pending a fair hearing decision does not apply to CHIP coverage. Your hearing decision may result in a change in coverage for other members of your household. To ask for a fair hearing, you must call 1-800-792-4884 (TTY 1-800-792-4292) or mail your request to The Office of Administrative Hearings, 1020 S. Kansas Ave, Topeka, KS 66612.

CIVIL RIGHTS PROVISION If you feel you have been discriminated against on the basis of age, race, color, sex, sexual orientation, religion, national origin, or political belief in any program administered by the Kansas Department of Health and Environment, call 1-800-792-4884 (TTY 1-800-792-4292) for information on filing a complaint.

PENALTY FOR FRAUD Persons found guilty of intentionally obtaining benefits for which they are not entitled will be barred from receiving assistance in accordance with program guidelines and may also be subject to a fine or imprisonment or both.

REPORTING CHANGES You are required to report changes. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact us.

HEALTH INSURANCE You must report to KDHE all changes in your health insurance coverage, health insurance coverage available through your employer, and insurance settlements due to accident or injury. You must notify your medical providers of all health insurance, including Medical assistance, at the time of treatment.

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Notice Date: 02/20/2024
Case Name: CHERRY L PATTON
Case Number: [REDACTED]
Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525

00011

General Correspondence

CHERRY L PATTON'S monthly obligation on the Long Term Care Nursing Facility program for the cost of care is being changed to \$2074.63 effective 04/01/2024. You will pay this amount every month. We will tell you when this amount changes.

Your monthly obligation has been changed because of the cost-of-living adjustment given by the Social Security Administration for 2024.

Changes in other income or medical expenses can also change your obligation. If you receive other income, such as VA, Railroad Retirement, or other pension benefits, report any change(s) to us. If you have other health insurance through Blue Cross/Blue Shield or another carrier, report any change in your premium to us. Remember to report any changes within 10 days.

This action is based on Medical KEESM Section(s) 8172, 8270, 8320

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at 1-800-792-4884 between 8:00 AM and 5:00 PM Monday through Friday.

Medical Assistance Reporting Requirements

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Notice Date: 02/20/2024
Case Name: CHERRY L PATTON
Case Number: 1 [REDACTED]
Program: Medical

CHERRY L PATTON
3220 SW ALBRIGHT DR
TOPEKA, KS 66614-4707

00011

General Correspondence

CHERRY L PATTON'S monthly obligation on the Long Term Care Nursing Facility program for the cost of care is being changed to \$2074.63 effective 04/01/2024. You will pay this amount every month. We will tell you when this amount changes.

Your monthly obligation has been changed because of the cost-of-living adjustment given by the Social Security Administration for 2024.

Changes in other income or medical expenses can also change your obligation. If you receive other income, such as VA, Railroad Retirement, or other pension benefits, report any change(s) to us. If you have other health insurance through Blue Cross/Blue Shield or another carrier, report any change in your premium to us. Remember to report any changes within 10 days.

This action is based on Medical KEESM Section(s) 8172, 8270, 8320

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at 1-800-792-4884 between 8:00 AM and 5:00 PM Monday through Friday.

Medical Assistance Reporting Requirements

You must tell us about the following changes within 10 days of the time you learn of the change.

1. If the source of your income changes.
2. If the amount of your income goes up or down.
3. If your SSI check stops.
4. If anyone gets married, separated or divorced.
5. If anyone moves into or out of your home.
6. If you move to a new address.
7. If anyone enters or leaves a hospital or institution.
8. If your household's total cash, savings or other resources goes over \$2000.
9. If anyone is no longer disabled.
10. If health insurance or Medicare begins, changes or ends for anyone.
11. If the amount of your health insurance premium goes down.
12. If anyone transfers resources or income, including having a trust.

We want you to get the correct medical coverage. Please help us by reporting these changes.

Medical Rights and Responsibilities

RIGHT TO REQUEST A FAIR HEARING You have the right to ask for a fair hearing if you do not agree with a decision made about your case. You may ask for a hearing in writing or by phone. Your request for hearing must be received within 30 calendar days, plus 3 extra days for mailing, from the date on the notice of decision. You can represent yourself at the hearing or have someone represent you. Fair hearing decisions are most often made within 90 calendar days from the date of request. You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send papers from a medical professional as proof of the urgent medical need at the time you ask for an expedited hearing. If approved, the expedited hearing will be set as soon as possible. If denied, the hearing will be set in the usual amount of time. If you ask for a hearing, you may be able to keep your coverage while you wait for your hearing decision. If your coverage continues until the hearing decision, you may have to pay back any assistance you receive if the decision is not in your favor. Continuation of benefits pending a fair hearing decision does not apply to CHIP coverage. Your hearing decision may result in a change in coverage for other members of your household. To ask for a fair hearing, you must call 1-800-792-4884 (TTY 1-800-792-4292) or mail your request to The Office of Administrative Hearings, 1020 S. Kansas Ave, Topeka, KS 66612.

CIVIL RIGHTS PROVISION If you feel you have been discriminated against on the basis of race, color, sex, age, disability, religion, political belief, or national origin in any program administered by the Kansas Department of Health and Environment, call 1-800-792-4884 (TTY 1-800-792-4292) for information on filing a complaint.

10012

PENALTY FOR FRAUD Persons found guilty of intentionally obtaining benefits for which they are not entitled will be barred from receiving assistance in accordance with program guidelines and may also be subject to a fine or imprisonment or both.

REPORTING CHANGES You are required to report changes to us. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact us.

HEALTH INSURANCE You must report all changes in your health insurance coverage available through your employer, and insurance settlements due to accident or injury. You must notify your medical providers of all health insurance, including KanCare medical assistance, at the time of treatment.

TOLL-FREE NUMBERS

KanCare Medical Eligibility 1-800-792-4884 (TTY 1-800-792-4292)
KanCare Managed Care Enrollment Center 1-866-305-5147

OFFICE OF ADMINISTRATIVE HEARINGS

Office of Administrative Hearings 1020 S. Kansas Avenue Topeka, KS
66612-1327

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

Copies sent to: EDWARD A PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Notice Date: 02/20/2024
Case Name: CHERRY L PATTON
Case Number: [REDACTED]
Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525

00000

General Correspondence

We are changing your Medical Assistance coverage or benefits effective 04/01/2023 for the following individuals:

CHERRY L PATTON

Medical assistance for CHERRY L PATTON is changing.

This action was taken because you are now in long term care.

The Medicaid ID number is: 00100038880.

There has been a change in KanCare medical assistance for CHERRY L PATTON as of 04/01/2023.

CHERRY L PATTON will receive Medical Assistance under the Long Term Care program for 04/01/2023.

Payment for your care has been approved effective 04/11/2023. You have a patient liability of \$2117.30 for the month of 04/2023.

CHERRY L PATTON will have a Share of Cost with his or her benefits.

Your share of cost for Long Term Care services is \$2117.30 beginning 04/2023. You will pay this amount every month. We will tell you when this amount changes.

We have made a change to your health care case because you are now in long term care. We have approved your request for payment to THE GARDENS AT ALDERSGATE. This has been approved effective 04/11/2023.

Some people have to help pay for medical care through a monthly payment called a patient liability. It is based on your income. You pay the patient liability directly to the facility every month. The amount of the obligation remains the same each month until you are notified of any change.

This action is based on Kansas Economic and Employment Services Manual section(s) 2610; 7330;

8173.1; 8272.1; 8320; 2671; 2672; 2675; 8170; 8270; 8172; 8320 and subsections.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

A Share of Cost may be called a:

- patient liability to a nursing facility,
- client obligation for Home and Community Based Services (HCBS)
- spenddown for medically needy individuals and families.

Medical Assistance Reporting Requirements

You must tell us about the following changes within 10 days of the time you learn of the change.

1. If the source of your income changes.
2. If the amount of your income goes up or down.
3. If your SSI check stops.
4. If anyone gets married, separated or divorced.
5. If anyone moves into or out of your home.
6. If you move to a new address.
7. If anyone enters or leaves a hospital or institution.
8. If your household's total cash, savings or other resources goes over \$2000.
9. If anyone is no longer disabled.
10. If health insurance or Medicare begins, changes or ends for anyone.
11. If the amount of your health insurance premium goes down.
12. If anyone transfers resources or income, including having a trust.

We want you to get the correct medical coverage. Please help us by reporting these changes.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.

Medical Rights and Responsibilities

RIGHT TO REQUEST A FAIR HEARING

You have the right to ask for a fair hearing if you do not agree with a decision made about your case. You may ask for a hearing in writing or by phone. Your request for hearing must be received within 30 calendar days, plus 3 extra days for mailing, from the date on the notice of decision. You can represent yourself at the hearing or have someone represent you. Fair hearing decisions are most often made within 90 calendar days from the date of request. You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send papers from a medical professional as proof of the urgent medical need at the time you ask for an expedited hearing. If approved, the expedited hearing will be set as soon as possible. If denied, the hearing will be set in the usual amount of time. If you ask for a hearing, you may be able to keep your coverage while you wait for your hearing decision. If your coverage continues until the hearing decision, you may have to pay back any assistance you receive if the decision is not in your favor. Continuation of benefits pending a fair hearing decision does not apply to CHIP coverage. Your hearing decision may result in a change in coverage for other members of your household. To ask for a fair hearing, you must call 1-800-792-4884 (TTY 1-800-792-4292) or mail your request to The Office of Administrative Hearings, 1020 S. Kansas Ave, Topeka, KS 66612.

CIVIL RIGHTS PROVISION

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PENALTY FOR FRAUD

Persons found guilty of intentionally obtaining benefits for which they are not entitled will be barred from receiving assistance in accordance with program guidelines and may also be subject to a fine or imprisonment or both.

00310

REPORTING CHANGES

You are required to report changes. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact us.

HEALTH INSURANCE

You must report to KDHE all changes in your health insurance coverage, health insurance coverage available through your employer, and insurance settlements due to accident or injury. You must notify your medical providers of all health insurance, including Medical Assistance, at the time of treatment.

TOLL FREE NUMBERS:

KanCare Medical Eligibility
1-800-792-4884 (TTY 1-800-792-4292)
KanCare Managed Care Enrollment Center
1-866-305-5147

OFFICE OF ADMINISTRATIVE HEARINGS

Office of Administrative Hearings
1020 S. Kansas Avenue
Topeka, KS 66612-1327


If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

Copies sent to: EDWARD A PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR



KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738

0010002094.1 000013

Notice Date: 02/20/2024
Case Name: CHERRY L PATTON
Case Number: 
Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525

10000



General Correspondence

We are changing your Medical Assistance coverage or benefits effective 02/01/2024 for the following individuals:

CHERRY L PATTON

Your next Review Due Date has been updated to 01/2025.

Medical assistance for CHERRY L PATTON is changing.

Your patient liability is changing because of changes in your income or expenses.

The Medicaid ID number is: 00100038880.

There has been a change in KanCare medical assistance for CHERRY L PATTON as of 02/01/2024.

Your share of cost for Long Term Care services is \$1950.93 beginning 02/01/2024. You will pay this amount every month. We will tell you when this amount changes.

Payment for your care has been approved effective 02/01/2024. You have a patient liability of \$1950.93 for the month of 02/01/2024.

Beginning 02/01/2024 your obligation is \$1950.93. This amount is your share of the cost of care.

The amount of the obligation remains the same each month until you are advised otherwise. You must notify your case worker of any changes within 10 days.

Your obligation is now \$1950.93 effective 02/01/2024.

This action is based on Kansas Economic and Employment Services Manual section(s) 2610; 8170; 8270; 8320; 8172 and subsections.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at (800) 792-4884 between 8:00 AM and 5:00 PM Monday through Friday.

Medical Rights and Responsibilities

RIGHT TO REQUEST A FAIR HEARING

You have the right to ask for a fair hearing if you do not agree with a decision made about your case. You may ask for a hearing in writing or by phone. Your request for a hearing must be received within 30 calendar days, plus 3 extra days for mailing, from the date on the notice of decision. You can represent yourself at the hearing or have someone represent you. Fair hearing decisions are most often made within 90 calendar days from the date of request. You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send papers from a medical professional as proof of the urgent medical need at the time you ask for an expedited hearing. If approved, the expedited hearing will be set as soon as possible. If denied, the hearing will be set in the usual amount of time. If you ask for a hearing, you may be able to keep your coverage while you wait for your hearing decision. Your coverage will be continued if you ask for a hearing either before the effective date of the eligibility decision or within 15 calendar days from the date of the notice, whichever is later. If your coverage continues until the hearing decision, you may have to pay back any assistance you receive if the decision is not in your favor. Continuation of benefits pending a fair hearing decision does not apply to CHIP coverage. Your hearing decision may result in a change in coverage for other members of your household. To ask for a fair hearing, you must call 1-800-792-4884 (TTY 1-800-792-4292) or mail your request to The Office of Administrative Hearings, 1020 S. Kansas Ave, Topeka, KS 66612.

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PENALTY FOR FRAUD

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REPORTING CHANGES

You are required to report changes. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact us.

HEALTH INSURANCE

You must report to KDHE all changes in your health insurance coverage, health insurance coverage available through your employer, and insurance settlements due to accident or injury. You must notify your medical providers of all health insurance, including Medical Assistance, at the time of treatment.

TOLL FREE NUMBERS:

KanCare Medical Eligibility 1-800-792-4884 (TTY 1-800-792-4292)

KanCare Managed Care Enrollment Center 1-866-305-5147

OFFICE OF ADMINISTRATIVE HEARINGS
Office of Administrative Hearings
1020 S. Kansas Avenue
Topeka, KS 66612-1327

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

00002 Copies sent to: EDWARD A PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR

KanCare Clearinghouse
 PO Box 3599
 Topeka, KS 66601-9738



Notice Date: 02/20/2024

Case Name: CHERRY L PATTON

Case Number: 10000038880

Program: Medical Assistance

EDWARD A PATTON
 772 SE RIDGEVIEW DR
 TOPEKA, KS 66609-1525

00003

General Correspondence

We are changing your Medical Assistance coverage or benefits effective 09/01/2023 for the following individuals:

Medical assistance for CHERRY L PATTON is changing.

The Medicaid ID number is: 00100038880.

There has been a change in KanCare medical assistance for CHERRY L PATTON as of 09/01/2023.

CHERRY L PATTON will receive Medical Assistance under the Long Term Care program for 09/01/2023.

Your monthly share of cost for Long Term Care services is being changed.

Payment for your care has been approved effective 09/01/2023. You have a patient liability of \$1970.93 for the month of 09/01/2023.

CHERRY L PATTON will have a Share of Cost with his or her benefits.

Your share of cost for Long Term Care services is \$1970.93 beginning 09/01/2023. You will pay this amount every month. We will tell you when this amount changes.

We have made a change to your health care case because you are now in long term care. We have approved your request for payment to THE GARDENS AT ALDERSGATE. This has been approved effective 09/01/2023.

Some people have to help pay for medical care through a monthly payment called a patient liability. It is based on your income. You pay the patient liability directly to the facility every month. The amount of the obligation remains the same each month until you are notified of any change.

This action is based on Kansas Economic and Employment Services Manual section(s) 2610; 7330; 8173.1; 8272.1; 8320; 2671; 2672; 2675; 8170; 8270; 8170; 8172 and subsections.

if you have any other insurance, you must use that insurance before KanCare will pay any medical

bills.

A Share of Cost may be called a:

- patient liability to a nursing facility,
- client obligation for Home and Community Based Services (HCBS)
- spenddown for medically needy individuals and families.

Medical Assistance Reporting Requirements

You must tell us about the following changes within 10 days of the time you learn of the change.

1. If the source of your income changes.
2. If the amount of your income goes up or down.
3. If your SSI check stops.
4. If anyone gets married, separated or divorced.
5. If anyone moves into or out of your home.
6. If you move to a new address.
7. If anyone enters or leaves a hospital or institution.
8. If your household's total cash, savings or other resources goes over \$2000.
9. If anyone is no longer disabled.
10. If health insurance or Medicare begins, changes or ends for anyone.
11. If the amount of your health insurance premium goes down.
12. If anyone transfers resources or income, including having a trust.

We want you to get the correct medical coverage. Please help us by reporting these changes.

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

Copies sent to: EDWARD A PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Notice Date: 02/20/2024
Case Name: CHERRY L PATTON
Case Number: 1
Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525

00007

General Correspondence

We are changing your Medical Assistance coverage or benefits effective 07/01/2023 for the following individuals:

Medical assistance for CHERRY L PATTON is changing.

The Medicaid ID number is: 00100038880.

There has been a change in KanCare medical assistance for CHERRY L PATTON as of 07/01/2023.

CHERRY L PATTON will receive Medical Assistance under the Long Term Care program for 07/01/2023.

Your monthly share of cost for Long Term Care services is being changed.

Payment for your care has been approved effective 07/01/2023. You have a patient liability of \$1993.93 for the month of 07/01/2023.

CHERRY L PATTON will have a Share of Cost with his or her benefits.

Your share of cost for Long Term Care services is \$1993.93 beginning 07/01/2023. You will pay this amount every month. We will tell you when this amount changes.

We have made a change to your health care case because you are now in long term care. We have approved your request for payment to THE GARDENS AT ALDERSGATE. This has been approved effective 07/01/2023.

Some people have to help pay for medical care through a monthly payment called a patient liability. It is based on your income. You pay the patient liability directly to the facility every month. The amount of the obligation remains the same each month until you are notified of any change.

This action is based on Kansas Economic and Employment Services Manual section(s) 2610; 7330; 8173.1; 8272.1; 8320; 2671; 2672; 2675; 8170; 8270; 8170; 8172 and subsections.

If you have any other insurance, you must use that insurance before KanCare will pay any medical

bills.

A Share of Cost may be called a:

- patient liability to a nursing facility,
- client obligation for Home and Community Based Services (HCBS)
- spenddown for medically needy individuals and families.

Medical Assistance Reporting Requirements

You must tell us about the following changes within 10 days of the time you learn of the change.

1. If the source of your income changes.
2. If the amount of your income goes up or down.
3. If your SSI check stops.
4. If anyone gets married, separated or divorced.
5. If anyone moves into or out of your home.
6. If you move to a new address.
7. If anyone enters or leaves a hospital or institution.
8. If your household's total cash, savings or other resources goes over \$2000.
9. If anyone is no longer disabled.
10. If health insurance or Medicare begins, changes or ends for anyone.
11. If the amount of your health insurance premium goes down.
12. If anyone transfers resources or income, including having a trust.


We want you to get the correct medical coverage. Please help us by reporting these changes.

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

Copies sent to: EDWARD A PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Notice Date: 02/20/2024
Case Name: CHERRY L PATTON
Case Number: 
Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525

00005

General Correspondence

We are changing your Medical Assistance coverage or benefits effective 03/01/2023 for the following individuals:

CHERRY L PATTON

Medical assistance for CHERRY L PATTON is changing.

The Medicaid ID number is: 00100038880.

There has been a change in KanCare medical assistance for CHERRY L PATTON as of 03/01/2023.

CHERRY L PATTON will no longer received Medical Assistance under the Long Term Care Nursing Facility program as of 03/31/2023.

This action is being taken because KanCare was notified that you left the Nursing Facility on 03/20/2023. This notice only pertains to your eligibility for Medicaid.

Payment for your care has been approved effective 03/01/2023. You have a patient liability of \$2117.30 for the month of 03/2023.

CHERRY L PATTON will have a Share of Cost with his or her benefits.

Your share of cost for Long Term Care services is \$2117.30 beginning 03/01/2023. You will pay this amount every month. We will tell you when this amount changes.

Some people have to help pay for medical care through a monthly payment called a patient liability. It is based on your income. You pay the patient liability directly to the facility every month. The amount of the obligation remains the same each month until you are notified of any change.

This action is based on Kansas Economic and Employment Services Manual section(s) 2610; 2671; 2672; 2675; 8112; 8130; 8170; 8173.3; 8200; 7532; 8270; 8320; 8172

If you have any other insurance, you must use that insurance before KanCare will pay any medical

bills.

Medical Assistance Reporting Requirements

You must tell us about the following changes within 10 days of the time you learn of the change.

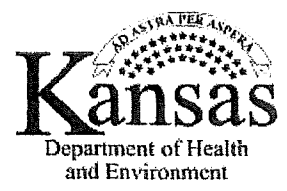
1. If the source of your income changes.
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10. If health insurance or Medicare begins, changes or ends for anyone.
11. If the amount of your health insurance premium goes down.
12. If anyone transfers resources or income, including having a trust.

We want you to get the correct medical coverage. Please help us by reporting these changes.

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

Copies sent to: EDWARD A PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738

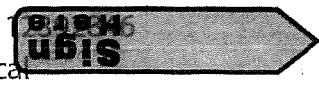


0010000817.2 001326

Notice Date: 08/06/2023

Case Name: CHERRY L PATTON

Case Number:



Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525

00001



We are changing your Medical Assistance coverage or benefits effective 09/01/2023 for the following individuals:

CHERRY L. PATTON

Medical assistance for CHERRY L. PATTON is changing.

Your patient liability is changing because of changes in your income or expenses.

The Medicaid ID number is: 00100038880.

There has been a change in KanCare medical assistance for CHERRY L. PATTON as of 09/01/2023.

Payment for your care has been approved effective 09/01/2023. You have a patient liability of 1,970.93 for the month of 09/01/2023.

Your share of cost for Long Term Care services is 1,970.93 beginning 09/01/2023. You will pay this amount every month. We will tell you when this amount changes.

Beginning 09/01/2023 your obligation is 1,970.93. This amount is your share of the cost of care. The amount of the obligation remains the same each month until you are advised otherwise. You must notify your case worker of any changes within 10 days.

Your obligation is now 1,970.93 effective 09/01/2023.

We previously notified you that your monthly obligation for the cost of care at TOPEKA CENTER FOR REHAB AND HEALTHCARE - ADMINISTRATOR was: 2,117.30 for 08/01/2023.

This action is based on Kansas Economic and Employment Services Manual section(s) 2610; 8170; 8270; 8320 and subsections.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at (800) 792-4884 between 8:00 AM and 5:00 PM Monday through Friday.

Copies sent to: EDWARD A. PATTON, THE GARDENS AT ALDERSGATE - ADMINISTRATOR

Comments:

Medical Rights and Responsibilities

RIGHT TO REQUEST A FAIR HEARING You have the right to ask for a fair hearing if you do not agree with a decision made about your case. You may ask for a hearing in writing or by phone. Your request for hearing must be received within 30 calendar days, plus 3 extra days for mailing, from the date on the notice of decision. You can represent yourself at the hearing or have someone represent you. Fair hearing decisions are most often made within 90 calendar days from the date of request. You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send papers from a medical professional as proof of the urgent medical need at the time you ask for an expedited hearing. If approved, the expedited hearing will be set as soon as possible. If denied, the hearing will be set in the usual amount of time. If you ask for a hearing, you may be able to keep your coverage while you wait for your hearing decision. If your coverage continues until the hearing decision, you may have to pay back any assistance you receive if the decision is not in your favor. Continuation of benefits pending a fair hearing decision does not apply to CHIP coverage. Your hearing decision may result in a change in coverage for other members of your household. To ask for a fair hearing, you must call 1-800-792-4884 (TTY 1-800-792-4292) or mail your request to The Office of Administrative Hearings, 1020 S. Kansas Ave, Topeka, KS 66612.

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TOLL FREE NUMBERS:

KanCare Medical Eligibility 1-800-792-4884 (TTY 1-800-792-4292)
 KanCare Managed Care Enrollment Center 1-866-305-5147

OFFICE OF ADMINISTRATIVE HEARINGS

Office of Administrative Hearings
 1020 S. Kansas Avenue
 Topeka, KS 66612-1327

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



0010000855.2 001585

Notice Date: 01/13/2023

Case Name: CHERRY L PATTON

Case Number: 1

Program: Medical



EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525



00001

We are changing your Medical Assistance coverage or benefits effective 02/01/2023 for the following individuals:

~~CHERRY L. PATTON~~

Your next Review Due Date has been updated to 01/2024.

Medical assistance for CHERRY L. PATTON is changing.

Your patient liability is changing because of changes in your income or expenses.

This action was taken because you are not eligible for Medicare Saving Plan and extra help because your income exceeds the maximum allowable amount to be eligible for the program.

The Medicaid ID number is: 00100038880.

There has been a change in KanCare medical assistance for CHERRY L. PATTON as of 02/01/2023.

Payment for your care has been approved effective 02/01/2023. You have a patient liability of 2,117.30 for the month of 02/01/2023.

Your share of cost for Long Term Care services is 2,117.30 beginning 02/01/2023. You will pay this amount every month. We will tell you when this amount changes.

Beginning 02/01/2023 your obligation is 2,117.30. This amount is your share of the cost of care. The amount of the obligation remains the same each month until you are advised otherwise. You must notify your case worker of any changes within 10 days.

Your obligation is now 2,117.30 effective 02/01/2023.

We previously notified you that your monthly obligation for the cost of care at TOPEKA CENTER FOR REHAB AND HEALTHCARE - ADMINISTRATOR was: 2,142.28 for 01/01/2023.

This action is based on Kansas Economic and Employment Services Manual section(s) 2610; 8170; 8270; 8320 and subsections; 2671; 2672; 2675.

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 01/2024. If we require additional information from your household to complete your review, you will receive a notification before it is due. Failing to complete the review in a timely manner may result in loss of coverage.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at (800) 792-4884 between 8:00 AM and 5:00 PM Monday through Friday.

Copies sent to: EDWARD A. PATTON

Comments:

Your obligation to the facility will decrease effective 02/01/2023 as more on your income is being allocated to your spouse due to his increased lot rent = \$483.00 effective 01/01/2023.

Medical Rights and Responsibilities

RIGHT TO REQUEST A FAIR HEARING You have the right to ask for a fair hearing if you do not agree with a decision made about your case. You may ask for a hearing in writing or by phone. Your request for hearing must be received within 30 calendar days, plus 3 extra days for mailing, from the date on the notice of decision. You can represent yourself at the hearing or have someone represent you. Fair hearing decisions are most often made within 90 calendar days from the date of request. You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send papers from a medical professional as proof of the urgent medical need at the time you ask for an expedited hearing. If approved, the expedited hearing will be set as soon as possible. If denied, the hearing will be set in the usual amount of time. If you ask for a hearing, you may be able to keep your coverage while you wait for your hearing decision. If your coverage continues until the hearing decision, you may have to pay back any assistance you receive if the decision is not in your favor. Continuation of benefits pending a fair hearing decision does not apply to CHIP coverage. Your hearing decision may result in a change in coverage for other members of your household. To ask for a fair hearing, you must call 1-800-792-4884 (TTY 1-800-792-4292) or mail your request to The Office of Administrative Hearings, 1020 S. Kansas Ave, Topeka, KS 66612.

CIVIL RIGHTS PROVISION If you feel you have been discriminated against on the basis of age, race, color, sex, sexual orientation, religion, national origin, or political belief in any program administered by the Kansas Department of Health and Environment, call 1-800-792-4884 (TTY 1-800-792-4292) for information on filing a complaint.

PENALTY FOR FRAUD Persons found guilty of intentionally obtaining benefits for which they are not entitled will be barred from receiving assistance in accordance with program guidelines and may also be subject to a fine or imprisonment or both.

REPORTING CHANGES You are required to report changes. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact us.

HEALTH INSURANCE You must report to KDHE all changes in your health insurance coverage, health insurance coverage available through your employer, and insurance settlements due to accident or injury. You must notify your medical providers of all health insurance, including Medical Assistance, at the time of treatment.

TOLL FREE NUMBERS:

KanCare Medical Eligibility 1-800-792-4884 (TTY 1-800-792-4292)
 KanCare Managed Care Enrollment Center 1-866-305-5147

OFFICE OF ADMINISTRATIVE HEARINGS

Office of Administrative Hearings
 1020 S. Kansas Avenue
 Topeka, KS 66612-1327

Your New Benefit Amount

BENEFICIARY'S NAME: CHERRY L PATTON

Your Social Security benefit will increase by **3.2%** in 2024 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,728.00
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 16, 2023 or if someone else pays your premium, we show \$0.00)	-\$0.00
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00)	-\$0.00
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 16, 2023, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive the payment you are due for December 2023 on or about January 3, 2024.	\$1,728.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

If you still get a paper check, you must visit the Department of the Treasury's website at www.godirect.gov to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. You must have good reason for waiting more than 60 days to file an appeal. You can go to www.ssa.gov/non-medical/appeal to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone to request the form or go to our website at



Social Security Administration Benefit Verification Letter

Date: November 14, 2023
BNC#: 23I8929C70751
REF: A



T8 P1 164034-10-2-2 - 4138 BEV 1114



004138

EDWARD PATTON FOR
CHERRY L PATTON
772 SE RIDGEVIEW DR
TOPEKA KS 66609-1525

40101R59AJ004343* CCM.M72.BEV8U.R231114

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2022, the full monthly Social Security benefit before any deductions is \$1,674.80.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,674.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Past Social Security Benefits

From December 2021 to November 2022, the full monthly Social Security benefit before any deductions was \$1,540.80.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$1,540.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

You are entitled to hospital insurance under Medicare beginning March 2012.

LIFT TO OPEN



Social Security benefits are

Box 3 - Benefits Paid in 2023 - shows the total amount

Amount in Box 4"

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2023

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

CHERRY L PATTON

Security Number



Box 3. Benefits Paid in 2023

\$20,088.00

Box 4. Benefits Repaid to SSA in 2023

NONE

Box 5. Net Benefits for 2023 (Box 3 minus Box 4)

\$20,088.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit \$20,088.00
Benefits for 2023 \$20,088.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

EDWARD PATTON FOR
CHERRY L PATTON
772 SE RIDGEVIEW DR
TOPEKA KS 66609-1525

Box 8. Claim Number (Use this number if you need to contact SSA.)



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. KANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM 611 S KANSAS AVE SUITE 100 TOPEKA KS 66603-3869 1-888-275-5737, kpers@kpers.org	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
	\$ 14,591.16	2023		
PAYER'S TIN 48-09441	2a Taxable amount	Form 1099-R	Copy C For Recipient's Records	
	\$ 14,591.16	2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>
Recipient's name, street address, city or town, state or province, country, and zip or foreign postal code CHERRY L PATTON 772 SE RIDGEVIEW DR TOPEKA KS 66609-1525	3 Capital gain (included in box 2a)	4 Federal income tax withheld	This information is being furnished to the IRS.	
	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
	7 Distribution code(s) 7 <input type="checkbox"/>	IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other %
	9a Your percentage of total distribution	9b Total employee contributions %\$		
Account number (see instructions) 79492-1792244	RETIRED		08-06	

Form 1099-R

Your New Benefit Amount

BENEFICIARY'S NAME: EDWARD A PATTON

Your Social Security benefit will increase by **3.2%** in 2024 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get

Your monthly benefit before deductions	\$2,240.70
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 16, 2023 or if someone else pays your premium, we show \$0.00)	-\$174.70
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00)	-\$0.00
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 16, 2023, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive the payment you are due for December 2023 on or about January 24, 2024.	\$2,066.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

If you still get a paper check, you must visit the Department of the Treasury's website at www.godirect.gov to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. You must have good reason for waiting more than 60 days to file an appeal. You can go to www.ssa.gov/non-medical/appeal to complete and submit the "Request for Reconsideration" form, SSA-561 U2 online. ~~You may also contact us by phone to request the form or go to our website at~~

LIFT TO OPEN



Some Social Security benefits are taxable. Do not return this

2023* - shows the total amount of Social Security benefits paid to you in

Amount in Box 4." Box 5 "Net Benefits for 2023"

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2023

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

EDWARD A PATTON

Social Security Number

822



Box 3. Benefits Paid in 2023

\$26,050.80

Box 4. Benefits Repaid to SSA in 2023

NONE

Box 5. Net Benefits for 2023 (Box 3 minus Box 4)

\$26,050.80

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	\$24,072.00
Medicare Part B premiums deducted from your benefits	\$1,978.80
Total Additions	\$26,050.80
Benefits for 2023	\$26,050.80

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA KS 66609-1525

Box 8. Claim Number (Use this number if you need to contact SSA.)



822A

From: Lindsey Ferrell <Lindsey.Ferrell@cslico.com>
Sent: Friday, April 5, 2024 10:46 AM
To: Emily Tallman <ETallman@Gardensag.com>
Subject: Cherry Patton 7382945181

This message was sent from outside the company. Please do not click links or open attachments unless you recognize the source of this email and know the content is safe.

This message was sent securely using Zix®

Good morning,

I spoke to Edward (spouse of Cherry) and he is highly aggravated and upset with KANCARE and medicaid. I am not sure what is going on and not sure that it all has to do with 360 and the PL offset but I am needing assistance regarding her account.

He is stating that PL was never reduced, and he does not have the funds to cover the premium. Does she even have a PL?

We are showing the account effective 09/01/2023 no payments made.

He stated that he did get a letter from Medicaid recently that stated he was approved effective 04/01/2024 which I am not sure how that is?

Can you please check the portal and let me know if this information is accurate?

thanks

Lindsey Ferrell

Account Representative

Citizens Security /360Care Insurance Program
12910 Shelbyville Road, Suite 300 | Louisville, Kentucky 40243502.244.2420 Ext. 5569
Lindsey.ferrell@cslico.com

Citizens Security
Life Insurance Company

Service with a Human Touch.Account Representative II

This message was secured by Zix®.

Emily Tallman

From: Emily Tallman
Sent: Wednesday, April 24, 2024 10:21 AM
To: e_patton74@yahoo.com
Subject: FW: Cherry Patton 7382945181

The abbreviation of PL stands for patient liability. I'll mail you a paper copy of this too just in case!

Thank you,

Emily Tallman

Business Office Manager

The Gardens at Aldersgate

3220 SW Albright Dr, Topeka, KS 66614

Phone: 785-940-5100, ext. 4835 | Fax: 785-940-4516

Email: etallman@gardensag.com



From: Emily Tallman
Sent: Friday, April 5, 2024 5:45 PM
To: Lindsey Ferrell <Lindsey.Ferrell@cslico.com>
Subject: RE: Cherry Patton 7382945181

Lindsey,

She DOES have a PL, I am going to put the screenshots of the notices KanCare sent. The top 2 are notices sent to us, the others are copies sent to us that were also sent to Ed.

The notices:

**Facility Notice - Retroactive Patient Liability
Change to Nursing Facility**

The patient liability previously established for CHERRY L PATTON has changed. The new obligations are as follows:

Month	Previous Obligation	New Obligation
10/2023	1,970.93	1,937.93
01/2024	1,950.93	1,778.93

Appropriate claim adjustments have been completed by the State Fiscal Agent. Please watch for these adjustments on future remittance advices. Because the consumer may have overpaid your facility, a refund could be necessary. Please work closely with the consumer and/or the consumer's family to ensure proper credit is given.

Facility Notice – Change in Patient Liability

The monthly consumer obligation for CHERRY L PATTON is being changed to \$1,902.63 effective April 2024. It will remain this amount until we notify you of a change.

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 AM and 5 PM Monday through Friday.

Other:

CHERRY L. PATTON will have a change to his or her Share of Cost effective 10/01/2023.

Your patient liability is changing because of changes in your income or expenses.

We previously notified you that your monthly patient liability for the cost of care at THE GARDIEN AT ALDERSGATE - SN - ADMINISTRATOR was \$1,970.93 for 10/01/2023.

Your patient liability is now \$1,937.93 effective 10/01/2023.

Your share of cost for Long Term Care services is \$1,937.93 beginning 10/01/2023. We will notify you when this amount changes.

The amount of your patient liability remains the same each month until you are notified of any change. You pay the patient liability directly to the facility every month. You must notify your KanCare of any changes within 10 days.

CHERRY L. PATTON will have a change to his or her Share of Cost effective 01/01/2024.

Your patient liability is changing because of changes in your income or expenses.

We previously notified you that your monthly patient liability for the cost of care at THE GARDE AT ALDERSGATE - SN - ADMINISTRATOR was \$1,950.93 for 01/01/2024.

Your patient liability is now \$1,778.93 effective 01/01/2024.

Your share of cost for Long Term Care services is \$1,778.93 beginning 01/01/2024. We will let you know when this amount changes.

The amount of your patient liability remains the same each month until you are notified of any change. You pay the patient liability directly to the facility every month. You must notify your KanCare of any changes within 10 days.

CHERRY L. PATTON will have a change to his or her Share of Cost effective 04/01/2024.

Your patient liability is changing because of changes in your income or expenses.

We previously notified you that your monthly patient liability for the cost of care at THE GARDE AT ALDERSGATE - SN - ADMINISTRATOR was \$1,778.93 for 03/01/2024.

Your patient liability is now \$1,902.63 effective 04/01/2024.

Your share of cost for Long Term Care services is \$1,902.63 beginning 04/01/2024. We will let you know when this amount changes.

The amount of your patient liability remains the same each month until you are notified of any change. You pay the patient liability directly to the facility every month. You must notify your KanCare of any changes within 10 days.

Thank you,

Emily Tallman

Business Office Manager

The Gardens at Aldersgate

3220 SW Albright Dr, Topeka, KS 66614

Phone: 785-940-5100, ext. 4835 | Fax: 785-940-4516

Email: etallman@gardensag.com



AT ALDERSGATE

STATEMENT DATE	DUE DATE	MED REC #
05/31/2024	06/05/2024	9852
RESIDENT		
Patton, Cherry (9852)		
AMOUNT DUE	AMOUNT PAID	
\$1,902.63		

Please make checks payable to: The Gardens at Aldersgate

The Gardens at Aldersgate
220 Sw Albright Drive
Topeka, KS 66614-4707
(785) 940-5100

Ed Patton
772 SE Ridgeview Drive
Topeka, KS 66609

The Gardens at Aldersgate
3220 Sw Albright Drive
Topeka, KS 66614-4707
(785) 940-5100

For Questions Please Call or Email Emily Tallman
Phone # 1-785-940-5100 X 4835
Email etallman@gardensag.com

To pay your bill online, please visit : <https://tinyurl.com/Aldersgatebevel>

All transactions processed after the 15th of the month will appear on your next statement.

If you are not enrolled in auto pay, please contact the business office to enroll. We are requesting that all residents covered under Medicaid are enrolled in auto pay.

Account Details				
Resident: Patton, Cherry				
Date	Description	Charges	Credits	Balance
	BALANCE FORWARD			\$1,287.63
05/06/2024	Payment - #2645		\$1,267.63	
05/06/2024	Payment - #2645		\$20.00	
06/01/2024	Patient Liability Due Jun 01-12 2024	\$1,902.63		
	BALANCE DUE			\$1,902.63

Total	Current	30	60	90	120	150	180	210
	6/2024	5/2024	4/2024	3/2024	2/2024	1/2024	12/2023	+ 11/2023
\$1,902.63	\$1,902.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

The Gardens at Aldersgate
 3220 Sw Albright Drive
 Topeka, KS 66614-4707

STATEMENT DATE	DUE DATE	MED REC #
04/30/2024	05/05/2024	9852
RESIDENT		
Patton, Cherry (9852)		

BALANCE DUE	\$1,287.63
--------------------	-------------------

** Transaction Reversal

Total	Current 5/2024	30 4/2024	60 3/2024	90 2/2024	120 1/2024	150 12/2023	180 11/2023	210 + 10/2023
\$1,287.63	\$1,287.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Pd. 5/6/24

The Gardens at Aldersgate
 220 Sw Albright Drive
 Topeka, KS 66614-4707
 (785) 940-5100

STATEMENT DATE	DUE DATE	MED REC #
05/31/2023	06/05/2023	9852
RESIDENT		
Patton, Cherry (9852)		
AMOUNT DUE	AMOUNT PAID	
\$2,117.31		

Please make checks payable to: The Gardens at Aldersgate

Ed Patton
 772 SE Ridgeview Drive
 Topeka, KS 66609

The Gardens at Aldersgate
 3220 Sw Albright Drive
 Topeka, KS 66614-4707
 (785) 940-5100

For Questions Please Call or Email Jacob Kilby
 Phone # 1-785-940-5100 X 4835
 Email JKilby@gardensag.com

To pay your bill online, please visit : <https://tinyurl.com/Aldersgatebevel>

If you are not enrolled in auto pay, please contact the business office to enroll. We are requesting that all residents covered under Medicaid are enrolled in auto pay.

Account Details

Resident: Patton, Cherry

Date	Description	Charges	Credits	Balance
	BALANCE FORWARD			\$2,117.32
05/12/2023	Payment		\$0.02	
05/12/2023	Payment - #1014		\$2,117.30	
06/01/2023	Patient Liability Due Jun 01-14 2023	\$2,117.31		
	BALANCE DUE			\$2,117.31

Total	Current	30	60	90	120	150	180	210
	6/2023	5/2023	4/2023	3/2023	2/2023	1/2023	12/2022	+ 11/2022
\$2,117.31	\$2,117.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

The Gardens at Aldersgate
 220 Sw Albright Drive
 Topeka, KS 66614-4707
 (785) 940-5100

STATEMENT DATE	DUE DATE	MED REC #
06/30/2023	07/05/2023	9852
RESIDENT		
Patton, Cherry (9852)		
AMOUNT DUE	AMOUNT PAID	
\$2,117.32		

Please make checks payable to: The Gardens at Aldersgate

Ed Patton
 772 SE Ridgeview Drive
 Topeka, KS 66609

The Gardens at Aldersgate
 3220 Sw Albright Drive
 Topeka, KS 66614-4707
 (785) 940-5100

~~For Questions Please Call or Email Jacob Kilby~~
 Phone # 1-785-940-5100 X 4835
 Email JKilby@gardensag.com

To pay your bill online, please visit : <https://tinyurl.com/Aldersgatebevel>

If you are not enrolled in auto pay, please contact the business office to enroll. We are requesting that all residents covered under Medicaid are enrolled in auto pay.

Account Details

Resident: Patton, Cherry

Date	Description	Charges	Credits	Balance
	BALANCE FORWARD			\$2,117.31
06/09/2023	Payment - #1015		\$2,117.30	
07/01/2023	Patient Liability Due Jul 01-12 2023	\$2,117.31		
	BALANCE DUE			\$2,117.32

Total	Current	30	60	90	120	150	180	210
	7/2023	6/2023	5/2023	4/2023	3/2023	2/2023	1/2023	+ 12/2022
\$2,117.32	\$2,117.31	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

The Gardens at Aldersgate
 220 Sw Albright Drive
 Topeka, KS 66614-4707
 (785) 940-5100

STATEMENT DATE	DUE DATE	MED REC #
08/31/2023	09/05/2023	9852
RESIDENT		
Patton, Cherry (9852)		
AMOUNT DUE	AMOUNT PAID	
\$2,117.33		

Please make checks payable to: The Gardens at Aldersgate

Ed Patton
 772 SE Ridgeview Drive
 Topeka, KS 66609

The Gardens at Aldersgate
 3220 Sw Albright Drive
 Topeka, KS 66614-4707
 (785) 940-5100

For Questions Please Call or Email Jacob Kilby
 Phone # 1-785-940-5100 X 4835
 Email JKilby@gardensag.com

To pay your bill online, please visit : <https://tinyurl.com/Aldersgatebevel>

If you are not enrolled in auto pay, please contact the business office to enroll. We are requesting that all residents covered under Medicaid are enrolled in auto pay.

Account Details				
Resident: Patton, Cherry				
Date	Description	Charges	Credits	Balance
	BALANCE FORWARD			\$4,234.63
07/31/2023	Payment - #1017		\$2,117.30	
08/13/2023	Payment - #1018		\$2,117.31	
09/01/2023	Patient Liability Due Sep 01-13 2023	\$2,117.31		
	BALANCE DUE			\$2,117.33

Total	Current	30	60	90	120	150	180	210
	9/2023	8/2023	7/2023	6/2023	5/2023	4/2023	3/2023	+ 2/2023
\$2,117.33	\$2,117.31	\$0.00	\$0.01	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00

The Gardens at Aldersgate
 3220 Sw Albright Drive
 Topeka, KS 66614-4707
 (785) 940-5100

STATEMENT DATE	DUE DATE	MED REC #
09/30/2023	10/05/2023	9852
RESIDENT		
Patton, Cherry (9852)		
AMOUNT DUE		AMOUNT PAID
\$1,970.95		

Please make checks payable to: The Gardens at Aldersgate

Ed Patton
 772 SE Ridgeview Drive
 Topeka, KS 66609

The Gardens at Aldersgate
 3220 Sw Albright Drive
 Topeka, KS 66614-4707
 (785) 940-5100

For Questions Please Call or Email Emily Tallman
 Phone # 1-785-940-5100 X 4835
 Email etallman@gardensag.com

To pay your bill online, please visit : <https://tinyurl.com/Aldersgatebevel>

If you are not enrolled in auto pay, please contact the business office to enroll. We are requesting that all residents covered under Medicaid are enrolled in auto pay.

Account Details				
Resident: Patton, Cherry				
Date	Description	Charges	Credits	Balance
	BALANCE FORWARD			\$2,117.33
09/08/2023	Payment - #1019		\$1,970.93	
09/07/2023	** Patient Liability Due Sep 07-13 2023 **		\$244.11	
09/07/2023	Patient Liability Due Sep 07-13 2023	\$97.73		
10/01/2023	Patient Liability Due Oct 01-11 2023	\$1,970.93		
	BALANCE DUE			\$1,970.95

** Transaction Reversal

Total	Current	30	60	90	120	150	180	210
	10/2023	9/2023	8/2023	7/2023	6/2023	5/2023	4/2023	+ 3/2023
\$1,970.95	\$1,970.93	\$0.00	\$0.00	\$0.01	\$0.01	\$0.00	\$0.00	\$0.00

The Gardens at Aldersgate
 220 Sw Albright Drive
 Topeka, KS 66614-4707
 (785) 940-5100

STATEMENT DATE	DUE DATE	MED REC #
02/29/2024	03/05/2024	9852
RESIDENT		
Patton, Cherry (9852)		
AMOUNT DUE	AMOUNT PAID	
\$1,970.93		

Please make checks payable to: The Gardens at Aldersgate

Ed Patton
 772 SE Ridgeview Drive
 Topeka, KS 66609

The Gardens at Aldersgate
 3220 Sw Albright Drive
 Topeka, KS 66614-4707
 (785) 940-5100

For Questions Please Call or Email Emily Tallman
 Phone # 1-785-940-5100 X 4835
 Email etallman@gardensag.com

To pay your bill online, please visit : <https://tinyurl.com/Aldersgatebevel>

All transactions processed after the 15th of the month will appear on your next statement.

If you are not enrolled in auto pay, please contact the business office to enroll. **We are requesting that all residents covered under Medicaid are enrolled in auto pay.**

Account Details				
Resident: Patton, Cherry				
Date	Description	Charges	Credits	Balance
	BALANCE FORWARD			\$1,970.93
02/03/2024	Payment - #1025		\$1,970.93	
03/01/2024	Patient Liability Due Mar 01-13 2024	\$1,970.93		
	BALANCE DUE			\$1,970.93

Total	Current	30	60	90	120	150	180	210
	3/2024	2/2024	1/2024	12/2023	11/2023	10/2023	9/2023	+ 8/2023
\$1,970.93	\$1,970.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

162A-1A
 03/05
 1A 10

The Gardens at Aldersgate
 Transaction Report by Effective Date
 Apr 1, 2023 - Mar 31, 2024

Facility Code: 578
 User: Emily Tallman
 Page 3 of 4

Rev.	Description	Care Level	HCPCS Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
	Previous Balance:						0.00		
	Payment applied on Apr 05, 2023 #2147-1, ch#1013		C	N			(2,117.30)	2453.0000	
	Payment applied on Apr 21, 2023 #2202-14		C	N			2,117.30	2453.0000	
	Total April 2023						0.00		
	Total due from Private Pay						0.00		
	TOTAL FOR RESIDENT						1,664.14		
							1,664.14		

The Gardens at Aldersgate
Transaction Report by Effective Date
Apr 1, 2023 - Mar 31, 2024

Facility Code: 578
User: Emily Tallman
Page 2 of 4

Rev. Cr	Description	Care Level	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
	Total August 2023							0.00		
	Patient Liability Due Sep 01-6 2023	LTC	D		N		6	1,873.20	3110.0000	
	Patient Liability Due Sep 07-13 2023	LTC	D		N		7	97.73	3110.0000	
	Payment applied on Sep 11, 2023 #2773-1, ch#1019		C		N			(1,970.93)	2453.0000	
	Total September 2023							0.00		
	Patient Liability Due Oct 01-4 2023	LTC	D		N		4	1,248.80	3110.0000	
	Patient Liability Due Oct 05-11 2023	LTC	D		N		7	722.13	3110.0000	
	Payment applied on Oct 06, 2023 #2896-3, ch#1020		C		N			(1,970.93)	2453.0000	
	Total October 2023							0.00		
	Patient Liability Due Nov 01 2023	LTC	D		N		1	312.20	3110.0000	
	Patient Liability Due Nov 02-8 2023	LTC	D		N		7	1,658.73	3110.0000	
	Payment applied on Nov 07, 2023 #3040-1, ch#1021		C		N			(1,970.93)	2453.0000	
	Total November 2023							0.00		
	Patient Liability Due Dec 01-6 2023	LTC	D		N		6	1,873.20	3110.0000	
	Patient Liability Due Dec 07-13 2023	LTC	D		N		7	97.73	3110.0000	
	Payment applied on Dec 06, 2023 #3183-1, ch#1022		C		N			(1,970.93)	2453.0000	
	Total December 2023							0.00		
	Patient Liability Due Jan 01-3 2024	LTC	D		N		3	915.00	3110.0000	
	Patient Liability Due Jan 04-10 2024	LTC	D		N		7	1,035.93	3110.0000	
	Payment applied on Jan 09, 2024 #3333-2, ch#1024		C		N			(1,970.93)	2453.0000	
	Payment applied on Feb 26, 2024 #3570-1		C		N			20.00	2453.0000	
	Total January 2024							0.00		
	Patient Liability Due Feb 01-7 2024	LTC	D		N		7	1,950.93	3110.0000	
	Payment applied on Feb 09, 2024 #3498-1, ch#1025		C		N			(1,970.93)	2453.0000	
	Payment applied on Feb 26, 2024 #3570-1		C		N			20.00	2453.0000	
	Total February 2024							0.00		
	Patient Liability Due Mar 01-6 2024	LTC	D		N		6	1,830.00	3110.0000	
	Patient Liability Due Mar 07-13 2024	LTC	D		N		7	120.93	3110.0000	
	Payment applied on Feb 26, 2024 #3570-1		C		N			(40.00)	2453.0000	
	Payment applied on Feb 29, 2024 #3584-1		C		N			(246.79)	2453.0000	
	Total March 2024							1,664.14		
	Total due from Patient Liability							1,664.14		

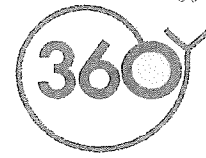


CITIZENS SECURITY
PO BOX 436149
LOUISVILLE KY 40253-6149

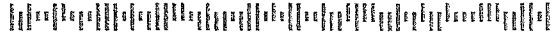
TEL: 844-235-3468
FAX: 502-254-4063
www.SpecialCareIns.com



Forwarding Service Requested



Individual Medicaid
Pending Approval



*****ALL FOR AADC 640
PB-DSM-17-ENV 18963 47
PATTON CHERRY
C/O ED PATTON
772 SE RIDGEVIEW DR
TOPEKA KS 66609-1525

THIS IS A NOTIFICATION
NOT AN INVOICE

GROUP: 74180
ACCOUNT: 5001
BILLED DATE: 03/27/2023
DUE DATE: 04/01/2023

ID	NAME	DATE	AUDIO	DENTAL	VISION						SUSPENSE	ACC. PREM	TOTAL
5710529093	PATTON, CHERRY	04 23	62.00	149.00	49.00						-62.00	1,040.00	1,238.00

DO NOT PAY this bill until you have been notified by Medicaid that the amount you pay to the nursing facility has been adjusted.

When you receive your adjustment letter from Medicaid, please call us at 844-235-3468.

CURRENT PREMIUM:	260.00
ADJUSTMENTS:	0.00
SUSPENSE:	-62.00
DELINQUENT:	0.00
ACCUMULATED PREMIUM:	1,040.00
TOTAL ACCUMULATED PREMIUM:	1,238.00

Please detach here and return with your payment to the address below.

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CITIZENS SECURITY
ATTN: SCIP 27
P.O. BOX 436149
LOUISVILLE, KY 40253-6149



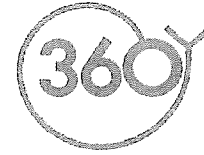


CITIZENS SECURITY
PO BOX 436149
LOUISVILLE KY 40253-6149

TEL: 844-235-3468
FAX: 502-254-4063
www.SpecialCareIns.com



Forwarding Service Requested



Individual Medicaid
Pending Approval

*****ALL FOR AADC 640 49
PB-DSM-17-ENV 18396
PATTON CHERRY
C/O ED PATTON
772 SE RIDGEVIEW DR
TOPEKA KS 66609-1525

**THIS IS A NOTIFICATION
NOT AN INVOICE**

GROUP: 74180
ACCOUNT: 5001
BILLED DATE: 04/25/2023
DUE DATE: 05/01/2023

ID	NAME	DATE	AUDIO	DENTAL	VISION						SUSPENSE	ACC. PREM	TOTAL
5710529093	PATTON, CHERRY	05 23	62.00	149.00	49.00						-62.00	1,300.00	1,498.00

DO NOT PAY this bill until you have been notified by Medicaid that the amount you pay to the nursing facility has been adjusted.

When you receive your adjustment letter from Medicaid, please call us at 844-235-3468.

CURRENT PREMIUM:	260.00
ADJUSTMENTS:	0.00
SUSPENSE:	-62.00
DELINQUENT:	0.00
ACCUMULATED PREMIUM:	1,300.00
TOTAL ACCUMULATED PREMIUM:	1,498.00

Please detach here and return with your payment to the address below.

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CITIZENS SECURITY
ATTN: SCIP 25
P.O. BOX 436149
LOUISVILLE, KY 40253-6149





CITIZENS SECURITY
PO BOX 436149
LOUISVILLE KY 40253-6149

TEL: 844-235-3468
FAX: 502-254-4063
www.SpecialCareIns.com



Forwarding Service Requested



Individual Medicaid
Pending Approval

*****ALL FOR AADC 640 69
PB-DSM-1B-ENV 26420
PATTON CHERRY
C/O EDWARD PATTON
772 SE RIDGEVIEW DR
TOPEKA KS 66609-1525

**THIS IS A NOTIFICATION
NOT AN INVOICE**

GROUP: 74365
ACCOUNT: 5001
BILLED DATE: 10/25/2023
DUE DATE: 11/01/2023

ID	NAME	DATE	AUDIO	DENTAL	VISION						SUSPENSE	ACC. PREM	TOTAL
7382945181	PATTON, CHERRY	11 23	85.00	149.00	49.00							566.00	849.00

This is not a bill. You will continue to receive notifications of accumulated premiums until the patient liability is approved. Should Medicaid notify you of the patient liability decrease, please call us at 844-235-3468.

When you receive a bill from Citizens Security, our records indicate the adjustment has been approved and completed.

CURRENT PREMIUM:	283.00
ADJUSTMENTS:	0.00
SUSPENSE:	0.00
DELINQUENT:	0.00
ACCUMULATED PREMIUM:	566.00
TOTAL ACCUMULATED PREMIUM:	849.00

Please detach here and return with your payment to the address below.

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CITIZENS SECURITY
ATTN: SCIP 25
P.O. BOX 436149
LOUISVILLE, KY 40253-6149





CITIZENS SECURITY
PO BOX 436149
LOUISVILLE KY 40253-6149

TEL: 844-235-3468
FAX: 502-254-4063
www.SpecialCareIns.com



Forwarding Service Requested



Individual Medicaid

*****ALL FOR AADC 640
PB-DSM-1B-ENV 22344 60
PATTON CHERRY
C/O EDWARD PATTON
772 SE RIDGEVIEW DR
TOPEKA KS 66609-1525

GROUP: 0000074365
ACCOUNT: 5001
BILLED DATE: 03/25/2024
DUE DATE: 04/01/2024

ID	NAME	DATE	AUDIO	DENTAL	VISION						SUSPENSE	PAST DUE	TOTAL
7382945181	PATTON, CHERRY	04 24	85.00	149.00	49.00							1,981.00	2,264.00

CURRENT PREMIUM:	283.00
ADJUSTMENTS:	0.00
SUSPENSE:	0.00
DELINQUENT:	0.00
PAST DUE PREMIUM:	1,981.00
PLEASE PAY THIS AMOUNT:	2,264.00

DC 2/24/24 4/3/24

Please detach here and return with your payment to the address below.

[Fold Here]

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PAY ONLINE AT: PAYMENT.CSLICO.COM

OR PAY BY PHONE 877-257-7126

PLEASE MAKE CHECK PAYABLE TO:

CITIZENS SECURITY
ATTN: SCIP 25
P.O. BOX 436149
LOUISVILLE, KY 40253-6149





CITIZENS SECURITY
PO BOX 436149
LOUISVILLE KY 40253-6149

Forwarding Service Requested



*****ALL FOR AADC 640 75
PB-DSM-18-ENV 27115
CHERRY PATTON
C/O EDWARD PATTON
772 SE RIDGEVIEW DR
TOPEKA KS 66609-1525

Notice:
**Account is over 90 days
past due.**

April 18, 2024

According to our records, your insurance premium is past due by 90 days or more. Past due premiums must be received within 10 days from the date of this letter.

Please call 502-253-3465.

Please disregard this notice if you have recently made a payment to bring your account current. Thank you for choosing Citizens Security to provide this beneficial coverage.

Participant ID: 7382945181



CITIZENS SECURITY
PO BOX 436149
LOUISVILLE KY 40253-6149

TEL: 844-235-3468
FAX: 502-254-4063
www.SpecialCareIns.com



Forwarding Service Requested



Individual Medicaid



*****ALL FOR AADC 640
PB-DSM-1B-ENV 975B 30
PATTON CHERRY
C/O EDWARD PATTON
772 SE RIDGEVIEW DR
TOPEKA KS 66609-1525

GROUP: 0000074365
ACCOUNT: 5001
BILLED DATE: 04/25/2024
DUE DATE: 05/01/2024

ID	NAME	DATE	AUDIO	DENTAL	VISION						SUSPENSE	PAST DUE	TOTAL
7382945181	PATTON, CHERRY	05 24	85.00	149.00	49.00							1,981.00	2,264.00

CURRENT PREMIUM:	283.00
ADJUSTMENTS:	0.00
SUSPENSE:	0.00
DELINQUENT:	0.00
PAST DUE PREMIUM:	1,981.00
PLEASE PAY THIS AMOUNT:	2,264.00

Please detach here and return with your payment to the address below.

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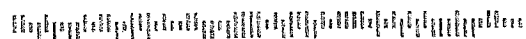
[Fold Here]

PAY ONLINE AT: PAYMENT.CSLICO.COM

OR PAY BY PHONE 877-257-7126

PLEASE MAKE CHECK PAYABLE TO:

CITIZENS SECURITY
ATTN: SCIP 25
P.O. BOX 436149
LOUISVILLE, KY 40253-6149



KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Notice Date: 04/13/2023
Case Name: EDWARD PATTON
Case Number: 20571577
Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525



We have denied the application for Medical Assistance received on 04/11/2023 effective 04/13/2023.

Your household has no eligible members.

You can reapply at any time.

When you applied for Extra Help paying for your prescription drugs with Social Security under the Medicare Prescription Drug program, you also asked for help with other Medicare costs under the Medicare Savings Programs. Social Security sent our agency information from your application to see if we can help you. A decision was made based on the information we received.

EDWARD A. PATTON has been denied for Medical Assistance effective 04/13/2023.

This action was taken because you are not eligible for Medicare Saving Plan and extra help because your income exceeds the maximum allowable amount to be eligible for the program.

This action was taken because household income is over the limit for medical assistance.

This action is based on Kansas Economic and Employment Services Manual section(s) 2671; 2672; 2675; 6200; 6300; 7430, 7500 and subsections.

This action is based on the Kansas Medical Assistance Manual section(s) 2271 and subsections; 2280; 2400; 2480; 6410 and subsections.

Your application is good for a period of 45 days from when you applied. If changes occur during this time, please notify us. When information is provided within this time frame, we can re-look at your application. You will not have to fill out a new one.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at (800) 792-4884 between 8:00 AM and 5:00 PM Monday through Friday.

Comments:

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Notice Date: 04/13/2023
Case Name: EDWARD PATTON
Case Number: 20571577
Program: Medical



EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525

General Notice of Denial

We have denied the application for medical coverage for Edward A Patton received on 4/11/2023 effective 04/13/2023 because of the reason(s) checked below.

Failure to provide or verify the following information:

If the missing information is provided within 45 days of the date you applied for assistance, we will reconsider your eligibility and you will not have to complete a new application.

- Failure to cooperate
- Failure to apply for potential benefits
- Residency requirement not met
- Loss of contact – we have been unable to locate/contact you
- Excess income
- Resources exceed maximum
- Application withdrawn
- Failure to meet citizenship or alien status requirements
- Already received the life time limit for the General Assistance program
- Disability criteria not met
- Other reasons listed here:

You can re-apply any time.

This action is based on the following Kansas Economic and Employment Services Manual (KEESM) section(s) and subsections: 2120, 2121, 2662, 2150, 9110, 9121, 6200, 6300, 7500, 5100, 1411, 2140, 2317, 2318, 7430 and the following Kansas Family Medical Assistance Manual sections and subsections: 6410

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



0010002369.1 001442

Notice Date: 03/27/2024

Case Name: CHERRY L PATTON

Case Number:

Program: Medical

EDWARD A PATTON
772 SE RIDGEVIEW DR
TOPEKA, KS 66609-1525



00001

We have approved your application for Medical Assistance beginning 03/2024 for the following individuals:

EDWARD A. PATTON

People eligible for coverage will get a medical ID card. We will send a medical card to new members. If you need a medical card replacement, call 1-866-305-5147. Show the card to all medical providers when you get services. If you do not show your card, you may have to pay the bill.

Some members will get the medical card through KanCare. People in KanCare must have a health plan. We will send an enrollment packet telling what KanCare health plan you have been assigned. It will also tell you how to change plans. The health plan will send a welcome packet and the medical card in a few days.

EDWARD A. PATTON has been approved for Medical Assistance starting 03/01/2024.

The Medicaid ID number is: 00100548886.

EDWARD A. PATTON will receive Medical Assistance under the Long Term Care program for 03/01/2024.

These are your benefits until otherwise notified.

You do not have a patient liability or obligation for services at this time.

Your request for Home and Community Based Services (HCBS) has been approved. Payment for services begins 03/27/2024.

We have approved payment for Home and Community Based Services (HCBS) for EDWARD A. PATTON. Your HCBS case manager will tell you about the services you will get and when the services will start.

Your KanCare health plan will contact you about your HCBS services. You may also call your health plan for assistance.

You will be contacted by your case manager/independent living counselor regarding the services you will receive.

You receive Home and Community Based Services (HCBS) and your health plan will tell you about any changes in your HCBS services.

This action is based on Kansas Economic and Employment Services Manual section(s) 8170; 8270; 8320 and subsections; 8200.

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 02/2025. If we require additional information from your household to complete your review, you will receive a notification before it is due. Failing to complete the review in a timely manner may result in loss of coverage.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at (800) 792-4884 between 8:00 AM and 5:00 PM Monday through Friday.

Comments:

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102IMBSTANDARDW0008001-00006-01

EDWARD PATTON
772 SE RIDGEVIEW DR
TOPEKA KS 66609-1525



Questions?

We're here to help.

Toll-Free **1-877-542-9238**

TTY **711**

8 a.m - 6 p.m. CT, Monday - Friday

April 11, 2024

Dear Edward,

Thank you for choosing UnitedHealthcare Community Plan. Your health is our priority. We look forward to serving your health care needs.

Visiting your Primary Care Provider (PCP) for regular checkups is an important part of staying healthy. If you did not choose a PCP when you enrolled in the plan, one has been selected for you.

Our records show the provider listed below is your Primary Care Provider (PCP).

Your PCP: **KEHOE, STEPHANIE S.**
2909 SE WALNUT DR
TOPEKA, KS 666052189

Phone number: **785-267-0744**

Hospital affiliation: **No hospital information available**

Your member ID card should arrive soon and will show the PCP listed above. The PCP listed on your card is not the only provider that you can see. You can access care at any participating provider. If the above information is not right, or if you'd like to change your PCP, you can do so at any time. Just call Member Services at **1-877-542-9238**, TTY **711**, 8 a.m - 6 p.m. CT, Monday - Friday.

We can also send you a Welcome Kit. It will include a Member Handbook and other helpful information.

Ridgewood Estates

Manufactured Home Community

4100 S.E. Adams • Topeka, KS 66609

Office: (785) 267-1633 • Fax:

Email: ridgewoodestates@rhp.com

October 24, 2023

RE: Ridgewood Estates- Notice of Annual site rental increase for Site #418
772 SE Ridgeview Drive
Topeka, KS 66609

Dear: Edward Patton

Thank you for making Ridgewood Estates your home. Kindly be advised that effective January 1, 2024, the amount of your monthly site rent payment will increase by \$33.00 to \$516.00. Your new total monthly rent will be \$533.12, and the Trash Fee will increase to \$17.12.

Additional applicable charges for utilities, or other items will still be due if applicable.

Base Site Rent	\$516.00
Trash	\$17.12

We continue to provide an affordable and enjoyable atmosphere for our residents. We take pride in Ridgewood Estates and our residents are very important to us. We thank each one of you for assisting us in making sure our community is a great place to live.

Sincerely,

Micaela Hennis
Community Manager

Ridgewood Estates
(785) 267-1633

09/18/2023 06:08:53 PM

Account Number	Site/Unit	Due Date	Amount Due	Amount Paid
476374	418	Oct. 1, 2023	\$498.75	

Ridgewood Estates
 4100 S.E. Adams
 Topeka, KS 66609

Edward Patton, Cherry Patton
 772 SE Ridgeview Drive
 Topeka, KS 66609

Please Return The Top Portion With Your Payment. "DO NOT STAPLE". Make Checks Payable to Ridgewood Estates

ACCOUNT SUMMARY : Site/Unit# 418 Due: Oct. 1, 2023 Office Phone (785) 267-1633

Service	Amount	Service Dates		Meter Readings		Diff	Multiplier	Usage	Units	Previous Month	
		From	To	Previous	Current					Usage	Amount
Base Rent	\$483.00										
Trash	\$15.75										
Prev Bal	\$0.00										
Total Due	\$498.75										

UTILITY DETAIL

Ridgewood Estates
785) 267-1633

04/22/2024 07:21:52

Unit Number	Site/Unit	Due Date	Amount Due	Amount Paid
76374	418	May 1, 2024	\$533.12	

Ridgewood Estates
 4100 S.E. Adams
 Topeka, KS 66609

Edward Patton, Cherry Patton
 772 SE Ridgeview Drive
 Topeka, KS 66609

Please Return The Top Portion With Your Payment."DO NOT STAPLE". Make Checks Payable to Ridgewood Estates

ACCOUNT SUMMARY : Site/Unit# 418 Due: May 1, 2024 Office Phone (785) 267-1633

Service	Amount	Service Dates		Meter Readings		Diff	Multiplier	Usage	Units	Previous Month	
		From	To	Previous	Current					Usage	Amount
Base Rent	\$516.00										
Trash	\$17.12										
Prev Bal	\$0.00										
Total Due	\$533.12										

UTILITY DETAIL

Ridgewood Estates
(785) 267-1633

05/21/2024 06:12:55 PM

Account Number	Site/Unit	Due Date	Amount Due	Amount Paid
476374	418	Jun. 1, 2024	\$533.12	

Ridgewood Estates
 4100 S.E. Adams
 Topeka, KS 66609

Edward Patton, Cherry Patton
 772 SE Ridgeview Drive
 Topeka, KS 66609

Please Return The Top Portion With Your Payment."DO NOT STAPLE". Make Checks Payable to Ridgewood Estates

ACCOUNT SUMMARY : Site/Unit# 418 Due: Jun. 1, 2024 Office Phone (785) 267-1633

Service	Amount	Service Dates		Meter Readings		Diff	Multiplier	Usage	Units	Previous Month	
		From	To	Previous	Current					Usage	Amount
Base Rent	\$516.00										
Trash	\$17.12										
Prev Bal	\$0.00										
Total Due	\$533.12										

UTILITY DETAIL