COVER SHEET

FROM: ***Matthew Dent/ DPOA Richard D. Voelker***

TO: M. Loper – 517-346-9888

VIA EMAIL/FAX (mailed copy to follow)

RE: 2021 REDETERMINATION – CASE 125767664

DATE: January 29, 2021

COMMENTS:

Ms. Loper -

Following is the 2021 redetermination paperwork for Mr. Voelker. Paper copies will follow by mail.

As happened a couple of years ago, I did not receive receive notification regarding redetermination, however, I know the deadline is fast approaching. I retrieved the DHS-4574 forms from the DHHS website.

Thank you for your continued hard work and diligence. I continue to be appreciative of your professionalism and attention to detail as well as the compassion and concern you show for the cases you administer.

If there are any questions or items that need to be addressed, please do not hesitate to contact me. I can be reached via phone at 989-313-2525 or by email dentm42@gmail.com.

Most sincerely,

Matthew Dent / DPOA Richard D. Voelker.

Richard Voelker
#125767664

Note: This application requests information about the patient in the nursing facility. The words **"You"** and **"Your"** refer to the patient.

1. Patient's Name (First, Middle, Last)	2. Name of Nursing Facility
Richard Douglas Voelker	Huron Woods

3. Address of Nursing Facility	City	State	Zip Code
1395 S. Huron Rd	Kawkawlin	MI	48631

4. Phone No. of Nursing Facility	5. County	6. Birthdate	7. Sex	8. Social Security Number
989-684-3210	Bay	2-25-1951	M	091-38-7286

9. Marital Status: ☐ Never married ☐ Married ☐ Separated ☐ Divorced ☒ Widowed

10. Date of Nursing Facility Admission	11. Address where you lived before you entered the nursing facility
10-2017	

12. **If married, tell us about your spouse and all persons living with your spouse.**
If not married, tell us about your children under age 18 living in your home.

Name	Date of Birth	Social Security Number*	Relationship to you

If you have a court-appointed guardian/conservator, enter information below:

13. Name of Guardian/Conservator	Phone Number	Do you pay guardian/conservator expenses? ☐ YES ☐ NO

Guardian's/Conservator's Address	City	State	Zip Code

		YES	NO
14.	Have you ever applied for or received assistance in Michigan?	☒	☐
15.	Have you received money or benefits such as Medical Assistance **from another state** in the last 30 days?	☐	☒
16.	Are you a U.S. citizen or U.S. national?	☒	☐
17.	If you **are not** a U.S. citizen or U.S. national, do you have eligible immigration status? If Yes:		
	a. Immigration document type ______________		
	b. Document ID number ______________		
	c. Have you lived in the U.S. since 1996?	☐	☐
	d. Are you, or your spouse or parent a veteran or an active-duty member of the U.S. military?	☐	☐
	e. U.S. entry date ______________		
18.	Enter your racial heritage from codes below. If you are multiracial, enter all the codes that apply (answering is voluntary) I = American Indian, A = Alaskan Native, S = Asian, B = Black or African American, P = Native Hawaiian or Other Pacific Islander, W = White ______________		
19.	Check the box if you are Hispanic or Latino (answering is voluntary).	☐	
20.	Are you a veteran or the spouse, dependent or parent of a veteran?	☐	☒
21.	Do you have unpaid medical expenses for services provided in the last 3 months?	☒	☐
22.	Do you pay health insurance premiums?	☒	☐
23.	Do you have Medicare Coverage?	☒	☐
	Do you need help paying premiums?	☐	☒
24.	Are you covered by a health, hospital, or long-term care insurance policy or were you covered in the last 3 months?	☒	☐
25.	Has a court ordered anyone to pay your medical expenses or provide health insurance for you?	☐	☒
26.	Have you had an accident or work-related illness or injury resulting in medical costs that may be paid by another person or an insurance company?	☐	☒
27.	Have you set up a plan or entered into a contract, such as a life care contract, that will pay for your medical care?	☐	☒
28.	Is there a plan for you to return home within six months from the date of admittance?	☐	☒

*Optional if the community spouse and/or children are not applying for Healthcare Coverage.

Richard Voelker
#1257676641

29. **Assets:** Complete the **assets** section by providing the requested asset information for you and your spouse. List your assets and your spouse's assets. Include assets you own jointly with family or other persons, including your spouse. Include assets your spouse owns jointly with you, family or other persons. Each item must be answered **YES** or **NO**. If answered **YES**, enter amount or current value and owner(s).

Type of Asset	YES	NO	Amount or Value	Owner(s) of Asset
Has anyone in your household received a federal tax refund in the last 12 months?		X		
Cash on hand, in a safety deposit box or patient trust fund	X			
Home, life estate/life lease		X		
Real estate, not your home		X		
Mortgage, land contract or other notes payable to you		X		
Savings bonds or money market funds		X		
Stocks or mutual funds		X		
Pension, IRA, KEOGH, 401K or deferred compensation account(s)		X		
Trust funds		X		
Life Insurance		X		
Annuity See Attached				
Cars, vans, trucks, campers, boats, snowmobiles, other vehicles		X		
Tools, equipment, livestock, or crops		X		
Funeral contracts		X		
Burial plot, casket, etc.		X		
Health Savings Account		X		
Are there any other assets? (Please Explain) (See Attached)				

Checking/Draft Accounts — Savings/Share Accounts — Certificates of Deposit

Name(s) on the Account	Name and Address of Bank Credit Union, Savings and Loan	Account Number	Balance
Richard D Voelker	Cornerstone FCU	46675-S1	5.00
Richard D Voelker	Cornerstone FCU	46675-S50	5225.29

2/31/20[illegible]

		YES	NO
30.	Have you received a one-time cash payment in the last 60 months (5 years) such as an insurance settlement, lawsuit award, worker's compensation, lottery winnings, etc.? Uncle Estate	☒	☐
31.	Do you have a pending lawsuit that may bring property or money to you?	☐	☒
32.	Within the last 60 months (5 years) have you or a joint owner or other person whose name is also listed on the asset:		
	• sold, given away, or transferred ownership in any asset such as those listed above?	☐	☒
	• removed or added a name on any asset such as those listed above?	☐	☒
33.	Have you or someone acting for you ever put any money, income, lawsuit settlement or assets in a trust, annuity or similar device?	☐	☒

Richard [illegible]
#125767664

34. **Income:** Include income for yourself and everyone listed in question 12.
Is anyone employed or self-employed? ☐ **YES** ☐ **NO** If **YES**, complete the following for each employed person.

Persons employed or self-employed	Employer name	Wages before deductions	How often paid: weekly, every 2 wks, monthly, other
		$	
		$	

Every item below must be answered YES or NO.

Type of Income	YES	NO	Amount	Whose Income
Social Security Benefits (RSDI) Claim #	X		1427.50	Richard
Social Security Benefits (RSDI) Claim #				
Supplemental Security Income (SSI)				
Supplemental Security Income (SSI)				
Retirement Benefits				
Veterans Benefits				
Disability Benefits				
Rental Income				
Worker's Compensation				
Child Support				
Unemployment Compensation				
Military Allotments				
Gaming Distributions (Casino Profit Sharing)				
Is there any other income? (Please explain)				See Attached

35.

Address where your spouse lives			Spouse's Phone Number
City	State	Zip Code	County

Household Expenses Check **YES** or **NO** and write in the answer about you and/or your spouse's home.

	YES	NO	AMOUNT	HOW OFTEN PAID
Do you and/or your spouse have a rent, mortgage or other shelter expense?		X		
Do you and/or your spouse have the following expenses separate from rent or mortgage:				
• Renter's Insurance				
• Property Taxes				
• Mobile Home Lot Rent				
• Special Assessments				
• Homeowner's Insurance				
• Mortgage Guarantee Insurance				
• Cooperative or Condominium Fee				
Do you and/or your spouse have an obligation to pay for heat and/or utilities?				

Richard Voelker #125767664

ASSIGNMENT OF BENEFITS

Recovery of Medical Costs. I understand that when the Michigan Department of Health and Human Services (MDHHS) pays the cost of hospital, surgical, or medical services, any right to recover costs from a third person or public or private contractor, except Medicare, is transferred to the MDHHS. Payment of any recovery under such right is to be made directly to the State of Michigan — MDHHS.

RELEASES

Social Security Information. I will allow the Social Security Administration to give to the MDHHS all information necessary to determine my eligibility for benefits under the Healthcare Coverage program until the second month following the expiration of my eligibility based on the current application.

Eligibility Information. I understand that the information I have provided will be used to determine my eligibility for Healthcare Coverage only and for purposes of administering the Healthcare Coverage program.

AFFIDAVIT

Under penalties of perjury, I swear that this application has been examined by or read to me, and, to the best of my knowledge, the facts are true and complete. If I am a third party applying on behalf of another person, I swear that this application has been examined by or read to the applicant, and, to the best of my knowledge, the facts are true and complete.

I certify, under penalty of perjury, that all information that I have written on this form or told to a specialist is true. I understand that I can be prosecuted for perjury if I have intentionally given false information. I also know that I may be asked to show proof of any information I have given. I also know that if I have intentionally left out any information or if I have given false information, which causes me to receive assistance I am not entitled to or more assistance that I am entitled to, I can be prosecuted for fraud. **I understand I must report changes in income, assets or health insurance coverage to the department within 10 days of the change.**

If you have any questions, contact your specialist or the local MDHHS before signing the application.

I understand that upon my death the Michigan Department of Health and Human Services (MDHHS) has the legal right to seek recovery from my estate for services paid by Healthcare Coverage. This means that some of all of my estate may be recovered. MDHHS will not seek to recover against the estate while there is a legal surviving spouse or a legal surviving child who is under the age of 21, blind, or disabled. An estate consists of real and personal property. If you have received an asset disregard due to a long-term care partnership policy, Estate Recovery applies to all assets whether they are subject to probate administration or not. Estate recovery only applies to certain Healthcare Coverage recipients who received Healthcare Coverage services after the effective date of the estate recovery statute. MDHHS may agree not to pursue recovery if an undue hardship exists. An application must be submitted to determine if the applicant qualifies for an undue hardship waiver. Undue hardship waivers are temporary. For further information regarding Estate Recovery, call 800-642-3195.

IMPORTANT: YOU MUST SIGN THE APPLICATION

I certify that I have received and reviewed a copy of the Acknowledgments that explains additional information about applying for and receiving Healthcare Coverage.

Signature (Patient or Representative)	Date	Two Witnesses only if signed by X	Date
Matthew T. Rust AIF Richard Voelker	1-29-2021	1. 2.	
Signature (Patient or Representative)	Date	Two Witnesses only if signed by X	Date
		1. 2.	

If you are signing this application on behalf of someone else, complete the information below.

Name of person completing application	Phone Number	Relationship to patient	
Matthew T. Rust	989-313-2525	DPOA	
Street Address	City	State	Zip Code
5606 Johnsfield Rd	Standish	MI	48658

Your New Benefit Amount

#125767664

BENEFICIARY'S NAME: RICHARD D VOELKER

Your Social Security benefit will increase by **1.3%** in 2021 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	$1,427.50
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show $0.00)	$148.50
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, 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 19, 2020, we show $0.00)	$0.00
After we take any other deductions, you will receive the payment you are due for December 2020 on or about December 31, 2020.	**$1,279.00**

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.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at ***www.godirect.org*** or call their Electronic Payment Solution Center at **1-800-333-1795.** If outside the United States, please call **1-214-254-3113.**

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit ***www.ssa.gov/benefits/disability/appeal.html*** online.

Human Resources

March 27, 2018

#125767664

Re: Richard Voelker
Pension Payment
xxx-xx-7286

To whom it may concern:

Mr. Voelker is currently receiving a pension benefit in the amount of $186.16 that is direct deposited monthly. The plan design does not allow for a lump sum payment.

If you have any questions, the Mattel Benefits Center can be reached at 877-841-8395. Representatives are available between 9:00 AM and 6:00 PM central time.

Sincerely,

Sally Dail
Sr. Benefits Manager

Prudential

Prudential Annuities
A Business of Prudential Financial, Inc.
P.O. Box 7960
Philadelphia, PA 19176
(888) 778-5471 TTY: (800) 654-7637
www.prudential.com

#125767664

Annuitant: RICHARD D VOELKER **Contract Number:** PIA000003635

PAYMENT SCHEDULE

*****NOTICE*****
THIS IS A LEGAL CONTRACT BETWEEN YOU AND PRUDENTIAL
READ YOUR CONTRACT CAREFULLY

We will make monthly annuity payments under this contract starting on April 15, 2009, of $463.13 each for as long as the annuitant is living, with payments certain until 172 payments of 463.13 plus one payment of $391.74 have been paid. Payments end with the last one due before the annuitant's death if such death occurs after all of the payments certain have been paid.

While the annuitant is living, each annuity payment will be made on its due date to the owner.

If the annuitant dies before all the payments certain become due, we will make the rest of them on their due dates to Margaret L Voelker, beneficiary, wife of the annuitant as may be living, otherwise to Brian J Voelker, contingent beneficiary, son of the annuitant.

A beneficiary or last surviving beneficiary may not elect to receive in one sum the present value of any unpaid payments certain that have not yet become due.

At the death of the last to die of the Annuitants and such beneficiary(ies), the present value of any payments certain that have not yet become due will be payable in one sum to the estate of the last to die of the Annuitants and said beneficiary(ies).

A beneficiary receiving annuity payments may name or change a payee to receive in one sum the present value of any amount that becomes payable to his or her estate.

End of Provision

This Schedule attached to this contract on the Contract Date.

Endorsed or acknowledged for the Company

By Kathleen M. Gibson

Secretary
On Contract Date: March 13, 2009

Humana.
P.O. BOX 14168
LEXINGTON KY 40512-4168

September 14, 2020

00671
RICHARD D VOELKER
5606 JOHNSFIELD RD
STANDISH MI 48658-9430

#12576766 4

Member ID: H74313579

Effective Date: 01/01/2021

Evidence of Coverage Rider
for People Who Get Extra Help Paying for Prescription Drugs
(also called a Low Income Subsidy Rider or LIS Rider)

Rx BIN: 015581 Rx PCN: 03200000

Please keep this notice - it is part of Humana Premier Rx Plan (PDP)'s Evidence of Coverage.

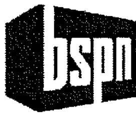
Our records show that you qualify for extra help paying for your prescription drug coverage. This means that you will get help paying your monthly premium, yearly deductible and prescription drug cost sharing.

As a member of our Plan, you will receive the same coverage as someone who is not getting extra help. Your membership in our Plan will not be affected by the extra help. This also means that you must follow all the rules and procedures in the Evidence of Coverage.

Please see the chart below for a description of your prescription drug coverage:

Your monthly plan premium is	Your yearly deductible is	Your cost-sharing amount for generic/preferred multi-source drugs is no more than	Your cost-sharing amount for all other drugs is no more than
$28.40 *	$0.00	$0.00 / $0.00 (each prescription)	$0.00 (each prescription)

* The monthly plan premium does not include any Medicare Part B premium that you may still need to pay. The plan premium you pay has been calculated based on the Plan's premium and the amount of extra help you get.



Bankers Sales Productivity Network

Welcome HELEN OIKARINEN, UFT 3093

Richard Voelker
#1257676 64

BSPN / Service / Service Lookups / Policy Lookup

Policy Lookup

POLICY PROFILE

Policy Number: 216720738

Companies: CPL

Plan Code: A90N

Product Category: MEDICARE SUPPLEMENT

Major Product: MEDICARE SUPPLEMENT

Owner: VOELKER, RICHARD D

Status: PPSP

Servicing Agent: U9367

PAYOR PROFILE

Name: VOELKER, RICHARD D

Gender: MALE

Social Security Number: XXX-XX-7286

Date of Birth: 02/25/1951

Policyholder Address: Update Address
5606 JOHNSFIELD RD

City and State: STANDISH , MI

Zip Code: 48658

Policyholder Phone Number: (989) 313-2525

Deceased Indicator: N

HIPAA Indicator: None

Agent Care Email: Agent Care Email Inquiry

A06 Exchange Eligibility: NO

OWNER PROFILE

Name:
VOELKER, RICHARD D

Gender:
MALE

Social Security Number:
XXX-XX-7286

Date of Birth:
02/25/1951

ADDITIONAL MEMBERS

No beneficiary or additional members indicated on this policy.

POLICY DETAILS

Product Category:
MEDICARE SUPPLEMENT

OFS/COD:

Annual Premium:
$2,114.16

Policy Delivery Date:
02/24/2016

Policy Status:
PPSP

Premium Mode:
PPSP

Issue Date:
03/01/2016

Last Payment Amount:
$151.73

Shortages/Credits:
$0.00

Paid To Date:
03/01/2021

Policy Code:
A90N

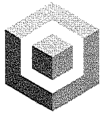
Policy Premium:
$2,114.16

Bank Details:
Bank name is : UNIT #1 FCU Draft Day: 01

Last Payment Process Date:
01/28/2021

Last Payment Mode:
01 Month(s)

Richard Walker
#125767664



Cornerstone CFCU
You rate better here.

www.CornerstoneCommunityFCU.org
800-488-6481

Account Number:	Page	
******75	1 of 2	
Statement Period	FROM	TO
	12/01/20	12/31/20

#12576766Y

RICHARD D VOELKER
5606 JOHNSFIELD RD
STANDISH MI 48658

NEW!
FREEDOM EQUITY HOME EQUITY LINE OF CREDIT
2.25% APR*
12 Month Introductory Rate
*Terms and conditions apply

Summary of Accounts

Account Name	Begin Balance	End Balance	Account Name	Begin Balance	End Balance
Regular Share Account	5.00	5.00	Checking Account	3,948.81	5,225.29

Transaction Details

Regular Share Account: (Share 1) — **Previous Balance** 5.00 — **New Balance** 5.00

Checking Account: (Draft 50) — **Previous Balance** 3,948.81

Posting Date	Description	Withdrawal	Deposit	Balance
12/01	ACH Deposit MATTEL CASH BALA PLAN PMT		166.16	4,114.97
12/02	ACH Share Withdrawal COLONIAL PENN361 INS PREM	-151.73		3,963.24
12/03	ACH Deposit SSA TREAS 310 XXSOC SEC		1,265.00	5,228.24
12/03	Check Paid Draft 478	-2,266.00		2,962.24
12/07	ACH Share Withdrawal HUMANA, INC. INS PYMT	-21.80		2,940.44
12/15	ACH Deposit PRUDENTIAL PIA PAYMENT		419.41	3,359.85
12/31	ACH Deposit SSA TREAS 310 XXSOC SEC		1,279.00	4,638.85
12/31	ACH Deposit THE LCMS FOUNDAT DIST AMT		586.44	5,225.29
	New Balance			**5,225.29**

	TOTAL FOR THIS PERIOD	TOTAL FOR YEAR TO DATE
TOTAL NSF FEES	$ 0.00	$ 0.00
TOTAL OVERDRAW FEES	$ 0.00	$ 25.00

---------- **Account Summary** -----------

Balance as of last statement	3,948.81
5 Deposits and other credits	3,716.01
1 Drafts posted	2,266.00
2 Other withdrawals	173.53
Balance as of this statement	5,225.29

CRST210101120005.032365.01.02.000000

#125767664

RICHARD D. VOELKER
11516 ARDEN AVENUE
WARREN, MI 48093

50-8129/2223

474

DATE 7-3-2020

PAY TO THE ORDER OF Huron Woods | $ 1153.00

One Thousand One Hundred Fifty Three and no/00 DOLLARS

Security Features Included. Details on Back.

Cornerstone
COMMUNITY FCU
PO BOX 830 PH. (716) 434-2290
LOCKPORT NEW YORK 14095-0830

MEMO Past Due #195

⑆222381293⑆4667500171⑈0474

ENDORSE HERE

FOR DEPOSIT ONLY
HURON WOODS NURSING CENTER

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE

For Deposit Only - JPMC

* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

#125767664

BEHAVIORAL CARE SOLUTIONS FOR ADULTS AND SE
39465 W 14 MILE RD
NOVI, MI 48377-1600

STATEMENT DATE	PAY THIS AMOUNT	ACCT #
11/22/2020	$26.71	5387181

SHOW AMOUNT PAID HERE $

ADDRESSEE:

RICHARD VOELKER
5606 JOHNSFIELD RD
STANDISH, MI 48658-9430
580

REMIT TO:

BEHAVIORAL CARE SOLUTIONS FOR ADULTS AND SE
39465 W 14 MILE RD
NOVI, MI 48377-1600

STATEMENT

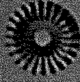
Thank you for your payment. For billing inquiries please call 845-360-9383.

Date	Description	Amount	Balance
01/29/2019	PROCEDURE - 99307 NURSING FAC CARE SUBSEQ	$80.00	
04/10/2019	ADJUSTMENT	-$36.79	
04/10/2019	Michigan Medicare PAYMENT - ELECTRONIC FUNDS TRANSFER	-$13.15	
04/25/2019	Colonial Penn Life Insurance Company PAYMENT - CHECK	-$3.35	
	PATIENT BALANCE - DEDUCTIBLE		$26.71
	PATIENT REMAINING BALANCE		$26.71

Payment Due Upon Receipt
For billing inquiries please call 845-360-9383

PLEASE PAY -> $26.71

Richard Voelker #125767664



Omnicare Central Billing Center
571 Longbow, Suite B
Maumee OH 43537-1762

11359

For correspondence only - No payments

Statement of Account

Account No:	OH1-1589730
Invoice No:	7310224
Invoice Date:	12/04/2020
Location:	4108 HURON WOODS NURSING CTR
Patient Name:	VOELKER, RICHARD
Amount Due:	626.31

For billing questions, please call 866-520-6369 between the hours of 8:00am - 6:00pm EST.

34
RICHARD VOELKER
C/O MATTHEW DENT
5606 JOHNSFIELD RD
STANDISH MI 48658-9430

Did you know you can now view your billing account, make online payments, set up auto pay and sign-up for paperless billing that is accessible on your computer, tablet or mobile phone? Visit us at https://myomniview.omnicare.com/ to learn more and register.
To pay by phone at 1-844-920-9308 or to make a one-time payment at https://omnicare.statementmanagement.com, please have your PAYMENT ID: 101849077 and VALIDATION CODE: 2531 available.

VOELKER, RICHARD

We have billed your: Medicare D Plan: HUMANA MEDICARE

Date	Transaction Code	Type	RX No.	Description	Qty	Covered Amount	Patient Amount Due

See Reverse Side for Additional Charges.

Finance Charges may be assessed at a MONTHLY PERIOD RATE OF 1.50% (ANNUALRATE OF 18.00%) based upon an unpaid balance outstanding 30 days or more.

Messages

Total amount now due $626.31

Payment due before 12/29/2020

- ▶ Online at https://myomniview.omnicare.com
- ▶ By smart phone by scanning this code ▶
- ▶ By phone at 1-844-920-9308
- ▶ Using the payment slip below

102277-08A

Previous Balance	Payments/Adjustments	Current Month Charges	Tax	Finance Charges	Total Amount Due
$626.31	$0.00	$0.00	$0.00	$0.00	$626.31

Detach and return with payment. DO NOT SEND CORRESPONDENCE TO THE ADDRESS BELOW.

Total Amount now due $626.31

Payment due before 12/29/2020

Account No:	OH1-1589730
Invoice No:	7310224
Invoice Date:	12/04/2020
Location:	4108 HURON WOODS NURSING CTR
Patient Name:	VOELKER, RICHARD
Amount Due:	626.31

OMNICARE OF WEST BRANCH
PO BOX 713611
CINCINNATI, OHIO 45271-3611

000000158973090007310224300000OH140000626317

1022791