

Thank you for your interest in Wilson Health Care Center at Asbury Methodist Village.

Wilson Health Care Center holds a 5-star rating from the Centers for Medicare & Medicaid Services, providing skilled nursing and rehabilitative care services, as well as specialized wound care and stroke services, and caring, expert memory support.

Our newly renovated Transitional Care Neighborhood won a 2016 international interior design award, providing a warm and welcoming space for residents, family and visitors.

Did you know that 96% of families would recommend Wilson Health Care Center, 10 points higher than the statewide average? That's according to the Maryland Family Satisfaction Survey of Long Term Care Facilities.

Important Notes

- All post-acute admissions to the Wilson Health Care Center begin with the hospital discharge planner or social worker. They will contact our admissions team and fax the medical information to us at 301-216-5756.
- If you need any assistance with the application, or if you wish to arrange a visit, please contact our admissions team at 301-216-4136. We also have a clinical liaison who can come to the hospital to complete a medical assessment, if needed.

Depending on your individual situation:

- Patients admitting from the hospital under the Medicare Part A benefit will need to have had a qualifying stay in a hospital (usually three nights or longer), and the attending physician must also recommend sub-acute rehabilitation or skilled nursing. If the hospitalization was less than three nights, see below.
- Patients with HMO/PPO coverage require authorization from their insurance company. This process begins with the hospital's discharge planner/social worker. Once initiated, the admissions counselor at Wilson Health Care Center will follow up with the insurance company.
- Patients who have less than a qualifying hospital stay or are paying privately will need to complete an application form.

We know that choosing the right place for your recovery is an important decision. We welcome your questions, and are happy to schedule a tour to show you around.

Name _____ M F Date of Birth _____

Address _____ Suite/Apt # _____

City _____ State _____ Zip Code _____

How long at this address? _____ Telephone (____) _____

Current Living Arrangements _____

Place of Birth _____

Social Security # _____ Marital Status _____

Medicare # _____
(Type & Policy #)

BC/BS Insurance _____
(Type & Policy #)

Supplemental Insurance _____
(Type & Policy #)

Hobbies/Special Interests _____

Responsible Agent (if applicable):

Name _____
(Please indicate highest level completed)

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____

I hereby certify that the foregoing information is true to the best of my knowledge and belief.

Date: _____ Signature: _____

Printed Name: _____