

RESIDENT ADVOCACY POSTER

Revised February 2011!

This poster meets the advocacy posting requirements of OBRA 1987, survey tag #156. It includes information about the state abuse and neglect hotline; state survey, certification, and licensure agency; state ombudsman program; state Medicaid agency; state advocacy network; Medicaid provider fraud; and Medicaid client fraud.

**RESIDENT
ADVOCACY INFORMATION**

State Abuse and Neglect Hotline:
1-800-652-1999

State Survey, Certification, and Licensure Agency:
Nebraska Department of Health and Human Services
Division of Public Health
Health Licensure & Investigation Section, Licensure Unit
PO Box 94986, Lincoln NE 68509-4986
Phone 402-471-0316

State Ombudsman Program:
Nebraska Department of Health and Human Services
Division of Medicaid and Long Term Care, State Unit on Aging
PO Box 95026, Lincoln NE 68509-5026
Phone 402-471-9345 or 800-942-7830 (Nebraska Only)

State Medicaid Agency:
Nebraska Department of Health and Human Services
Division of Medicaid and Long Term Care
PO Box 95026, Lincoln NE 68509-5026
Phone 402-471-9147 or 800-358-8802

State Advocacy Network:
Nebraska Advocacy Services
Federal Trust Building, 134 South 13th Street, Suite 600
Lincoln NE 68508-1919
Phone 402-474-3183 or 800-422-6691

Medicaid Provider Fraud:
To report suspected Medicaid Provider Fraud or the possible abuse, neglect, or financial exploitation of patients in Medicaid facilities, contact:
Medicaid Fraud Control Unit, Attorney General's Office
1221 N Street, Suite 500
Lincoln NE 68508-2009
Phone 402-471-3549 or 800-727-6432

Medicaid Client Fraud:
To report suspected Medicaid Client Fraud, contact:
Nebraska Department of Health and Human Services
Division of Public Health
Health Licensure & Investigation Section, Investigations Unit
PO Box 95164, Lincoln, NE 68509-5164
Phone 402-595-3789
www.investigationsiu.dhhs.ne.gov

Nebraska Health Care Association
Serving Those Who Serve
nhca@nhca.org
Reviewed February 2011




Poster size is 11 inches by 17 inches

Member Price.....\$7.50

Non-Member Price.....\$10.00



Order Form on Back →

ORDER FORM

RESIDENT ADVOCACY POSTER

February 2011 Revision

Nebraska Health Care Association
3900 NW 12th St Ste 100, Lincoln NE 68521-3037
Fax 402-475-6289 Phone 402-435-3551

<u>Quantity</u>	<u>Member</u>	<u>Non-Member</u>
_____ Posters	\$7.50	\$10.00

Sales Total \$ _____

Shipping and Handling \$ _____

(15% of Total) (Minimum \$5.50) (Maximum \$45)

Taxable Amount (Sales Total + Shipping/Handling) \$ _____

Sales Tax

(Your city sales tax plus 5.5% x Taxable Amount) .. \$ _____

TOTAL DUE (Taxable Amount + Sales Tax) \$ _____

Billing Information: Check Enclosed Cash
 Credit Card Bill

Cardholder's Name (PRINT): _____

Credit Card #: _____

Security Code # (back of card): _____ Expiration Date: _____

Cardholder's Billing Address, City, State, Zip: _____

Signature: _____

Your signature on the line above will authorize this transaction. ↑

Please Note: Personal Associate, Student, Business Members, and Non-Members are REQUIRED TO PRE-PAY on all orders.

My billing address is: _____

Facility/Company: _____

Address: _____

City, St, Zip: _____

Phone: _____

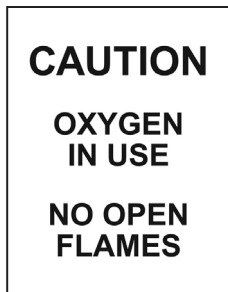
Company Contact: _____



OXYGEN STORAGE AND OXYGEN IN USE POSTER SET

Are you meeting your updated 2010 NFPA requirements for oxygen cylinder storage and areas of administration signage?

This poster set includes the required verbiage and graphics printed on 8.5 x 11-inch poster board. The NFPA code requires signage for both storage and administrative areas. The posters are sold in a packet of 10 posters, each packet containing 2 sets of 5 different posters.



Member Price\$10.00 per packet

Non-Member Price\$15.00 per packet



Order Form on Back →

ORDER FORM

OXYGEN STORAGE AND OXYGEN IN USE POSTER SET

**Nebraska Health Care Association
Nebraska Assisted Living Association**

3900 NW 12th St Ste 100, Lincoln NE 68521-3037

Fax 402-475-6289 Phone 402-435-3551

<u>Quantity</u>	<u>Member</u>	<u>Non-Member</u>
_____ Packets	\$10.00 per packet	\$15.00 per packet

(One packet includes 10 posters: 2 each of 5 different posters.)

Sales Total \$ _____

Shipping and Handling \$ _____

(15% of Total) (Minimum \$5.50) (Maximum \$45)

Taxable Amount (Sales Total + Shipping/Handling) \$ _____

Sales Tax

(Your city sales tax plus 5.5% x Taxable Amount) .. \$ _____

TOTAL DUE (Taxable Amount + Sales Tax) \$ _____

Billing Information:

Check Enclosed

Cash



Credit Card

Bill

Cardholder's Name (PRINT): _____

Credit Card #: _____

Security Code # (back of card): _____ Expiration Date: _____

Cardholder's Billing Address, City, State, Zip: _____

Signature: _____

Your signature on the line above will authorize this transaction. ↑

Please Note: Personal Associate, Student, Business Members, and Non-Members are REQUIRED TO PRE-PAY on all orders.

My billing address is: _____

Facility/Company: _____

Address: _____

City, St, Zip: _____

Phone: _____

Company Contact: _____

