Effective 10/01/2018

MEDICARE ORDER FORM

DIAGNOSIS:	SCHEDULED PROCEDURE & DATE:

TWO MIDNIGHTS OR MORE

I expect the patient will require hospital care for TWO MIDNIGHTS OR MORE. (Documentation must be present in the medical record to support the expectation of two or more midnights.)

☐ **ADMIT TO INPATIENT STATUS**

LESS THAN TWO MIDNIGHTS **(Check only one status - either Inpatient or Outpatient)**

I expect the patient will require hospital care for LESS THAN TWO MIDNIGHTS or I am uncertain as to the length of stay.

☐ **PLACE PATIENT IN OUTPATIENT STATUS**

☐ **PLACE PATIENT IN OUTPATIENT STATUS and BEGIN OBSERVATION SERVICES**
(Observation is a defined set of monitoring services that is typically ordered to evaluate a patient's condition for the purpose of determining whether the patient should be admitted as an inpatient or discharged.)

☐ **ADMIT TO INPATIENT STATUS** (Documentation must be present in the medical record to support at least one of the following selections; check all that apply.)

- ☐ Inpatient only procedure defined by CMS' Inpatient Only List
- ☐ Patient is medically unstable and requires immediate medical intervention, as well as frequent monitoring and changes in treatment plan
- ☐ Patient has significant risk factors that increase the probability of an adverse event if not monitored closely for an extended time period
- ☐ Patient requires active clinical monitoring, diagnostic studies, procedures or treatment that cannot be completed safely in an outpatient setting
- ☐ Patient failed to improve following outpatient treatment that necessitates further evaluation and treatment

TO BE VALID, THE ORDER MUST BE SIGNED, DATED AND TIMED.

Telephone/Verbal Order per _____ Taken/Read Back by _____ Date/Time: _____
Admitting Physician Name (print) Signature/Credential

Resident Signature: _____ Date/Time: _____

Physician Signature: _____ Date/Time: _____

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MOS
10/01/2018

PATIENT INFORMATION

LAST NAME:	FIRST NAME:	DOB:

PHYSICIAN: