SAMPLE FOR CLARIFICATION OF ORDER FORM – use obs and inpt to fix both	Can be embedded –use as ques to query the provider at the time of the initial order/presumption or at the time of conversion/benchmark

USE FOR ALL PAYERS – EVERY TIME, EVERY TIME   USE THIS

Date/Time	Patient Status	INPATIENT ADMISSION /MEDICARE ONLY
	Date of Service:	Must be completed by provider for Inpatient Admissions
	Check appropriate box for patient status:	This patient is admitted for inpatient services. The patient is medically appropriate and meets medical necessity for inpatient admission in accordance with CMS section 42 C.F.R §412.3. I reasonably expect the patient will require inpatient services that span a period of time over two midnights. My rationale for determining that inpatient admission is necessary is noted in the section below. Additional documentation will be found in progress notes and admission history and physical.

	☐ **Place in Outpatient Observation**
	Diagnosis:_____ ____
	
	Reason for Placement: _____
		Primary Diagnosis:_____
		
		Expected Length of Stay: (MEDICARE ONLY)
		  Select One:
		    ☐ 2 Midnights (MN) Inpatient
		
		    ☐ 1 MN Outpatient (ER , recovery or Obs) and 1MN Inpatient

	☐ **Admit to Inpatient Services** (Medical)
	Provider with admitting privileges must complete and sign prior to discharge
		For Initial Certification (CAH only)
		    ☐ I Expect the Length of Stay to Not Exceed 96 hrs
		  For Re-Certification
		    ☐ The Length of Stay is Exceeding 96 hrs

	Diagnosis: _____ **Reason** for Admission/PLAN attached to the reason /plan for inpt _____	**Plans for Post-Hospital Care:** See Discharge plan **Supportive Findings to Primary Diagnosis:** [examples: co-morbidities, abnormal findings, diagnostic abnormalities, exacerbations, new onset of disease with_____(co-morbidities)] **NOTE: NEED A CLINICAL REASON/CONTINUED PLAN FOR WHY BEYOND 96 HRS?**
	Attending Provider (Print Name) (Note: if the ER provider does not have 'admitting privileges, only transitional privileges", it is important that this include a statement: Spoke with the admitting/attending_____, and we concur with the admission status." ER provider signs.	_____ _____ _____ _____ _____ _____ _____
	PCP (Print Name)	
	PCP (Print Name) **Provider Signature**	Provider signature with admitting privileges. Inpt order must be signed prior to discharge
	Provider Signature **Date/Time**	