

# PRE-OP ADMISSION STATUS FORM

**Instructions: Complete this section titled "INPATIENT", for patients being admitted for procedures on Medicare's Inpatient Only List and for patients who have insurance pre-authorization for procedure at an inpatient level of care. Please have the physician review, date, and sign.**

## INPATIENT

\_\_\_\_\_ Admit as an Inpatient for Procedure on Medicare Inpatient Only List / Authorized as Inpatient per Payer

Date of Procedure: \_\_\_\_\_

Admitting Physician \_\_\_\_\_

Diagnosis / Procedure \_\_\_\_\_

Discharge / Transition Plan (if appropriate) \_\_\_\_\_

I have reviewed the care treatment for patient and it is my intention for an inpatient stay. I certify that for Medicare patients this determination is in accordance with my understanding of Medicare's requirements for reasonable and necessary inpatient services [42 CFR 412. 39e]

Date of Order \_\_\_\_\_ Time of Order \_\_\_\_\_ Physician Signature \_\_\_\_\_

**Instructions: Complete this section titled "OUTPATIENT", for patients being admitted for procedures that are not on Medicare's Inpatient Only List. Please have the physician review, date, and sign. Please note, the patient may meet criteria to stay overnight in observation status post-procedure, depending upon the patient's condition, and treatment plan in accordance with post-op physician's orders.**

## OUTPATIENT

\_\_\_\_\_ Outpatient Status for Outpatient Procedure

Date of Procedure: \_\_\_\_\_

Admitting Physician \_\_\_\_\_

Diagnosis / Procedure \_\_\_\_\_

Date of Order \_\_\_\_\_ Time of Order \_\_\_\_\_ Physicians Signature \_\_\_\_\_

FCA: 11/13 Form # 85600

St. Mary's Health Care System, Inc., ®  
Athens, Georgia

Patient Identification

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