Change From Inpatient To Outpatient Status Letter

Sometimes a patient appears to require inpatient status at the time of admission but upon subsequent review, a physician determines that the status of the hospitalization is more appropriate as an Outpatient or Outpatient with Observation services level of care based on your care needs.

In addition, based on guidelines used by Medicare, Medicaid or other payors the Utilization Review (UR) staff has determined that you do not meet inpatient criteria.

This letter is to inform you of this change in status and how it affects you. This hospital stay is not covered under Medicare Part A. Medicare Part B covers outpatient services.

You are being cared for in a hospital bed so that your physician can either complete a planned outpatient procedure, or evaluate your symptoms to determine whether an inpatient admission is necessary. While you are here, your physician may order tests, medications, or treatments and the staff will monitor your symptoms and report back to your physician.

Your physician will make a decision to either:

- Admit you as an inpatient for further treatments or
- Discharge you for continued outpatient follow-up care

Neither the physician nor the hospital can change you to inpatient status unless you meet inpatient requirements based on your insurance (Medicare, Medicaid, Commercial).

It is important for you to understand that as an outpatient you may be responsible for any out-of-pocket expenses such as co-payments, deductibles and most self-administered medication.

If you have any questions about your insurance coverage, please call your insurance company or ask us to discuss Medicare coverage for you.

Your signature below only indicates that you have been informed that you are in an outpatient status.

_______________________________________  Date: ____________
Signature of patient/representative  Time _____________

_______________________________________  Date: ____________
Signature of Witness  Time _____________