

**SELF ADMINISTERED DRUGS FOR OUTPATIENT/OBSERVATION PATIENTS**

Dear Patient,

This is to advise you that your physician may/has determined that you may/will require a period of observation to evaluate your condition or to determine the need for a possible admission to the Hospital as an inpatient. Although you may be staying in the Hospital overnight, you are an OUTPATIENT of the Hospital. Therefore, we want you to understand these guidelines, which apply to Medicare patients, and may apply to you if you have a commercial insurance carrier.

1. Medicare will not cover oral medications, or any drugs in any form that can normally be self-administered (including suppositories, inhalers, patches and insulin), on an outpatient basis. Federal Regulations mandate that self-administered medications be billed to the beneficiary. Other insurance carriers may also deny these charges.
2. You may bring your medications with you from home for use here in the Hospital. We will be happy to assist you with taking your medications while here in the Hospital, and may request that your medications be kept on our medication cart while you are in the Hospital.
3. If you are bringing medications with you to the Hospital, they should be in the original container whenever possible. Part of our quality of care process is to verify the medications you are going to take while you are here in the Hospital, even if they belong to you. Having them in the original container makes this process much easier.
4. If you choose to use the hospital’s supply of medications, we are happy to supply your medications during your stay. If not covered by Medicare or other commercial carrier, this portion of the bill would be your responsibility.

If, at a later time, your physician determines that you should be admitted to the Hospital as an inpatient, we will notify you of this change from outpatient to inpatient status. Under inpatient status, the medications you take while in the Hospital are considered part of you Hospital bill, and are generally covered by Medicare and most other carriers.

If you should have any further questions, please contact out Patient Financial Counselor at extension 560

Sincerely,

Patient Financial Services

Patient Signature \_\_\_\_\_ Copy given to Patient \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date: \_\_\_\_\_ Original to Medical Record \_\_\_\_\_

Littleton Regional Healthcare  
600 St. Johnsbury Road  
Littleton, NH 03561

Patient Identification
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