

Dear Patient:

This is to advise you that your physician has determined that you require a period of observation to evaluate your condition or 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. As a patient in Observation status, your insurance will pay on an outpatient basis.

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.

For Our Medicare Patients ONLY:

We want you to understand the following Medicare guidelines as it pertains to your observation status:

1. You will be responsible for the Medicare Part B deductible (if applicable) and the 20% coinsurance payment, and;
2. If you require skilled nursing facility services when you leave the hospital, your outpatient stay does not satisfy the 3-day qualifying hospital stay requirement, which must be met for Medicare coverage of skilled nursing facility services. Therefore Medicare Part A will not pay for the services you receive in the skilled nursing facility.

Please verify receipt of this notice by signing below.

Sincerely,

Littleton Regional Hospital

This acknowledges that I have read and understand this notice regarding outpatient status.

Signature of Beneficiary or person acting on
behalf of the Beneficiary

Witness

Date

LITTLETON REGIONAL HOSPITAL
LITTLETON, NH 03561

**NOTICE OF OUTPATIENT
OBSERVATION STATUS**

PATIENT ID LABEL

Dear Patient:

This is to advise you that your physician has determined that you require a period of observation to evaluate your condition or 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. As a patient in Observation status, your insurance will pay on an outpatient basis.

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.

For Our Medicare Patients ONLY:

We want you to understand the following Medicare guidelines as it pertains to your observation status:

1. You will be responsible for the Medicare Part B deductible (if applicable) and the 20% coinsurance payment, and;
2. If you require skilled nursing facility services when you leave the hospital, your outpatient stay does not satisfy the 3-day qualifying hospital stay requirement, which must be met for Medicare coverage of skilled nursing facility services. Therefore Medicare Part A will not pay for the services you receive in the skilled nursing facility.

Please verify receipt of this notice by signing below.

Sincerely,

Littleton Regional Hospital

This acknowledges that I have read and understand this notice regarding outpatient status.

Signature of Beneficiary or person acting on behalf of the Beneficiary	Witness	Date
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<p>LITTLETON REGIONAL HOSPITAL LITTLETON, NH 03561</p> <p>NOTICE OF OUTPATIENT OBSERVATION STATUS</p>	<p>PATIENT ID LABEL</p>
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