

(Hospitals may include contact information or logo here)



Medicare

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Patient name: _____

Patient number: _____

Hospital name: _____

Hospital address: _____

Medicare Outpatient Observation Notice

Important! You're getting this notice because your hospital status is "hospital outpatient receiving observation services," not "hospital inpatient."

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Patient name: _____ Patient number: _____

~~You're a hospital outpatient receiving observation services. You are not an inpatient because:~~

~~Being an outpatient may affect what you pay in a hospital:~~

~~This means your hospital stay will be billed to Medicare Part B instead of Part A.~~

- ~~When you're a hospital outpatient, your observation stay is covered under Medicare Part B.~~
- ~~For Part B services, you generally pay:~~
- ~~A. This means you'll have a copayment for each outpatient hospital service you get.~~
 - ~~Your Part B copayments may vary by type of service.~~
- ~~20% of be lower or higher than the Medicare approved amount for most doctor services, after the Part B-Part A inpatient deductible. Your hospital can give you more information about billing.~~

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~~Observation services may affect coverage and payment of your care after you leave the hospital:~~

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~~you're discharged.~~

- ~~• If you have Medicaid, a~~ After you leave the hospital, Medicare may not pay if you go to a skilled nursing

You aren't an inpatient because:

facility.

Questions?

- ~~• For more information about your Medicare Advantage plan or other health plan, Medicaid or the plan may have different rules for SNF coverage after you leave the hospital. Check with Medicaid or your plan.~~

~~**NOTE:** Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, Part A will generally cover medically necessary inpatient services if the hospital admits you as an inpatient based on a doctor's order. In most cases, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital.~~

~~If you have any questions about your observation services, ask the hospital staff member giving you this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's utilization or discharge planning department.~~

~~You can also coverage,~~ call 1-800-MEDICARE (1-800-633-4227). TTY users ~~should~~can call 1-877-486-2048.

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Your costs for medications:

Generally, prescription and over-the-counter drugs, including “self-administered drugs,” you get in a hospital outpatient setting (like an emergency department) aren’t covered by Part B. “Self-administered drugs” are drugs you’d normally take on your own. For safety reasons, many hospitals don’t allow you to take medications brought from home. If you have a Medicare-prescription drug plan (Part D), your plan may help you pay for these drugs. You’ll likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

If you’re enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage may be different. Check with your plan to find out about coverage for outpatient observation services.

If you’re a Qualified Medicare Beneficiary through your state Medicaid program, you can’t be billed for Part A or Part B deductibles, coinsurance, and copayments.

Additional Information (Optional):

~~Please sign~~

Additional Information (Optional):

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Sign below to show you received and ~~understand~~understood this notice.

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Signature of Patient or Representative

Date / Time

Signature of patient or representative

Date



You have the right to get Medicare information in an accessible format, like large print, ~~Braille~~braille, or audio. You also have the right to file a complaint if you feel you've been ~~discriminated~~ against. ~~Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice~~Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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~~According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1308 0953. The time required to complete, prepare and distribute this information collection is estimated to average 1510 minutes per response, including the time to review instructions, search existing data resources, gather, select the data needed, and preprinted form, complete it and review, deliver it to the information collection beneficiary. If you have comments concerning the accuracy of the time estimate(s) estimates or suggestions for improving this form, please write to CMS, PRA Clearance Officer, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.~~

Paid for by the Department of Health & Human Services

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