

Hospital Outpatient Observation Notice

Hospital name:		
Patient name:		Patient number:
You are an outpati	ent receiving observation servi	ices. You are not an inpatient because:
stay. You are not a the severity of your Your out-of-p inpatient ser Contact your costs regardi If you have a you this notice	In inpatient because your provi illness and whether you will re pocket costs for outpatient servations. insurance provider to determing ing observation status. iny questions about your status ee or the doctor providing your	on services, also called an observation ider requires further time to determine equire hospitalization. vices may be different than those for ne details of your coverage and other s, ask the hospital staff member giving hospital care. You can also ask to tal's utilization or discharge planning
Please sign below	to show you received and und	erstand this notice.
Signature of Patier	nt or Patient's Representative	Date / Time

This notification must be documented in the patient's medical record and discharge papers. The patient or the patient's representative shall be notified of observation services through discharge papers, which may also include brochures, signage, or other forms of communication for this purpose.