MEDICARE CERTIFICATION AND RECERTIFICATION

Patient:_____ Admit Date:_____ Medicare #_____

CERTIFICATION: Due at the time of admission or as soon thereafter as is reasonable and practicable.	I certify that SNF services are required to be given on an inpatient basis because of the above named patient's needs for skilled nursing care and/or skilled rehabilitation are required on a daily basis, and such services can only practically be provided in a SNF and are for an ongoing condition for which the individual received inpatient care in a hospital. If not signed timely: Explanation for delay:_____ _____ _____ Certifying Physician or NPP Signature Physician/NPP - **Date Signed
1st RECERTIFICATION: Of continued need for daily inpatient skilled care. Due no later than the 14th day of admission. DUE:_____	I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for the following: _____ _____ _____ _____ I estimate that the duration of inpatient skilled care will be _____days. Plans for post skilled care: ☐ Home Health Agency ☐ Office Care ☐ Continued SNF care ☐ Other:_____ Continued SNF care is for conditions for which patient received inpatient hospital services or arose while being treated in the SNF for that condition: ☐ Yes If not signed timely: Explanation for delay:_____ _____ _____ Certifying Physician or NPP Signature Physician/NPP - **Date Signed
2nd RECERTIFICATION: Of continued need for daily inpatient skilled care. Due no later than the 30th day from the **previous recertification signature date. DUE:_____	I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for the following: _____ _____ _____ _____ I estimate that the duration of inpatient skilled care will be _____days. Plans for post skilled care: ☐ Home Health Agency ☐ Office Care ☐ Continued SNF care ☐ Other:_____ Continued SNF care is for conditions for which patient received inpatient hospital services or arose while being treated in the SNF for that condition: ☐ Yes If not signed timely: Explanation for delay:_____ _____ _____ Certifying Physician or NPP Signature Physician/NPP - **Date Signed

Patient:_____ Admit Date:_____ Medicare #_____

3rd RECERTIFICATION:
Of continued need for daily inpatient skilled care.

Due no later than the 30th day from the **previous recertification signature date.

DUE:_____

I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for the following:

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I estimate that the duration of inpatient skilled care will be _____days.

Plans for post skilled care: ☐ Home Health Agency ☐ Office Care
☐ Continued SNF care ☐ Other:_____

Continued SNF care is for conditions for which patient received inpatient hospital services or arose while being treated in the SNF for that condition: ☐ Yes

If not signed timely: Explanation for delay:_____

_____ _____
Certifying Physician or NPP Signature Physician/NPP - **Date Signed

4th RECERTIFICATION:
Of continued need for daily inpatient skilled care.

Due no later than the 30th day from the **previous recertification signature date.

DUE:_____

I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for the following:

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I estimate that the duration of inpatient skilled care will be _____days.

Plans for post skilled care: ☐ Home Health Agency ☐ Office Care
☐ Continued SNF care ☐ Other:_____

Continued SNF care is for conditions for which patient received inpatient hospital services or arose while being treated in the SNF for that condition: ☐ Yes

If not signed timely: Explanation for delay:_____

_____ _____
Certifying Physician or NPP Signature Physician/NPP - **Date Signed

5th RECERTIFICATION:
Of continued need for daily inpatient skilled care.

Due no later than the 30th day from the **previous recertification signature date.

DUE:_____

I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for the following:

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I estimate that the duration of inpatient skilled care will be _____days.

Plans for post skilled care: ☐ Home Health Agency ☐ Office Care
☐ Continued SNF care ☐ Other:_____

Continued SNF care is for conditions for which patient received inpatient hospital services or arose while being treated in the SNF for that condition: ☐ Yes

If not signed timely: Explanation for delay:_____

_____ _____
Certifying Physician or NPP Signature Physician/NPP - **Date Signed