MEDICARE CERTIFICATION AND RECERTIFICATION

Patient:	Admit Date: Medicare #	
CERTIFICATION: Due at the time of admission or as soon thereafter as is reasonable and practicable.	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 laily 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. I not signed timely: Explanation for delay: Certifying Physician or NPP Signature Physician/NPP - **Date Signed	
	Certifying Friysician of NEF Signature Friysician/NEF - Date Signed	
1st RECERTIFICATION: Of continued need for daily inpatient skilled care. Due no later than the 14th day of admission.	I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for following:	the
DUE:		
	I estimate that the duration of inpatient skilled care will bedays. 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 of arose while being treated in the SNF for that condition: Yes If not signed timely: Explanation for delay:	 or
	Certifying Physician or NPP Signature Physician/NPP - **Date Signed	
2 nd RECERTIFICATION: Of continued need for daily inpatient skilled care. Due no later than the 30 th 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 following:	the
	I estimate that the duration of inpatient skilled care will bedays. Plans for post skilled care: Home Health Agency Office Care Other: Continued SNF care Other: Continued SNF care is for conditions for which patient received inpatient hospital services of arose while being treated in the SNF for that condition: Yes If not signed timely: Explanation for delay: Physician/NPP - **Date Signed	 or

Patient:	Admit Date:	Medicare #	
3 rd RECERTIFICATION: Of continued need for daily inpatient skilled care. Due no later than the 30 th day from the **previous	I certify that continued inpatient skilled care following:	is necessary on a daily basis per RUG level for the	
recertification signature date.			
DUE:			
	I estimate that the duration of inpatient skilled care will bedays. 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	
4 th RECERTIFICATION: Of continued need for daily inpatient skilled care.	I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for the following:		
Due no later than the 30 th day from the **previous recertification signature date.			
DUE:			
	I estimate that the duration of inpatient skille	ed care will bedays.	
	Plans for post skilled care: Home Health	Agency Office Care	
	Continued SNF care is for conditions for wh	NF care Other:ch patient received inpatient hospital services or	
	arose while being treated in the SNF for tha	t condition:	
	If not signed timely: Explanation for delay:		
	Certifying Physician or NPP Signature	Physician/NPP - **Date Signed	
5 th RECERTIFICATION: Of continued need for daily inpatient skilled care.	I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for the following:		
Due no later than the 30 th day from the **previous recertification signature date.			
DUE:			
	l estimate that the duration of inpatient skille	ed care will be days.	
	Plans for post skilled care: Home Health	Agency Office Care	
	☐ Continued S Continued SNF care is for conditions for what arose while being treated in the SNF for that	ch patient received inpatient hospital services or	
	If not signed timely: Explanation for delay:		
	Certifying Physician or NPP Signature	Physician/NPP - **Date Signed	