## **MEDICARE CERTIFICATION AND RECERTIFICATION**

Patient:	Ad	mit 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:		
	if not signed timely: Explanation for de	iay	
	Certifying Physician or NPP Signature		Physician/NPP - **Signature Date
1 <sup>st</sup> RECERTIFICATION: Of continued need for daily inpatient skilled care.  Due no later than the 14 <sup>th</sup> day of admission.  DUE:	I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for the following:    Physical Therapy		
	Certifying Physician or NPP Signature	7	Physician/NPP - **Signature Date
2 <sup>nd</sup> RECERTIFICATION: Of continued need for daily inpatient skilled care.  Due no later than the 30 <sup>th</sup> day from the **previous recertification signature date.  DUE:		Skilled care is necessary  Occupational There  IV  Pulmonary Care  Special Catheter	ary on a daily basis per RUG level for the  apy
	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.  If not signed timely: Explanation for delay:  Certifying Physician or NPP Signature  Physician/NPP - **Signature Date		

JWA, LLC: Revised 04/2015

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3 <sup>rd</sup> RECERTIFICATION: Of continued need for daily inpatient skilled care.  Due no later than the 30 <sup>th</sup> day from the **previous recertification signature date.  DUE:	following:	☐ Occupational Therapy		
	<ul> <li>Wound/Skin Care</li> <li>IV</li> <li>Tube Feeding</li> <li>Aftercare following surgery</li> <li>Pulmonary Care</li> <li>Chemotherapy</li> <li>Radiation Therapy</li> <li>Other:</li> <li>I estimate that the duration of inpatient skilled care will be</li></ul>			
	If not signed timely: Explanation for dela		hysician/NPP - **Signature Date	
4 <sup>th</sup> RECERTIFICATION: Of continued need for daily inpatient skilled care.  Due no later than the 30 <sup>th</sup> day from the **previous recertification signature date.  DUE:	following:  Physical Therapy  Nursing Observations:  Wound/Skin Care  Aftercare following surgery  Dialysis Other: I estimate that the duration of inp	□ IV □ Pulmonary Care □ Special Catheter  Datient skilled care will be lome Health Agency □ Continued SNF care □ Continued SNF care □ Continued SNF for that condition.		
5 <sup>th</sup> RECERTIFICATION: Of continued need for daily inpatient skilled care.  Due no later than the 30 <sup>th</sup> day from the **previous recertification signature date.  DUE:	following:  Physical Therapy  Nursing Observations:  Wound/Skin Care  Aftercare following surgery  Dialysis Other: I estimate that the duration of inp	□ Occupational Therapy □ IV □ Pulmonary Care □ Special Catheter  Datient skilled care will be come Health Agency □ Continued SNF care □ Continued SNF care □ Continued SNF for that condition.	☐ Tube Feeding ☐ Chemotherapy ☐ Radiation Therapy days.  Office Care Other:eived inpatient hospital services or	
	Certifying Physician or NPP Signature		hvsician/NPP - **Signature Date	