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 - **Signature Date
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: ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Nursing Observations:____ ____ ☐ Wound/Skin Care ☐ IV ☐ Tube Feeding ☐ Aftercare following surgery ☐ Pulmonary Care ☐ Chemotherapy ☐ Dialysis ☐ Special Catheter ☐ Radiation Therapy ☐ Other:____ 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. If not signed timely: Explanation for delay:____ _______________________________________ _______________________ Certifying Physician or NPP Signature Physician/NPP - **Signature Date
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: ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Nursing Observations:____ ____ ☐ Wound/Skin Care ☐ IV ☐ Tube Feeding ☐ Aftercare following surgery ☐ Pulmonary Care ☐ Chemotherapy ☐ Dialysis ☐ Special Catheter ☐ Radiation Therapy ☐ Other:____ 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. If not signed timely: Explanation for delay:____ _______________________________________ _______________________ Certifying Physician or NPP Signature Physician/NPP - **Signature Date

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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: ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Nursing Observations:____ ____ ☐ Wound/Skin Care ☐ IV ☐ Tube Feeding ☐ Aftercare following surgery ☐ Pulmonary Care ☐ Chemotherapy ☐ Dialysis ☐ Special Catheter ☐ Radiation Therapy ☐ Other:____ 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. If not signed timely: Explanation for delay:____ ____________________________________ ______________________________ Certifying Physician or NPP Signature Physician/NPP - **Signature Date
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: ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Nursing Observations:____ ____ ☐ Wound/Skin Care ☐ IV ☐ Tube Feeding ☐ Aftercare following surgery ☐ Pulmonary Care ☐ Chemotherapy ☐ Dialysis ☐ Special Catheter ☐ Radiation Therapy ☐ Other:____ 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. If not signed timely: Explanation for delay:____ ____________________________________ ______________________________ Certifying Physician or NPP Signature Physician/NPP - **Signature Date
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: ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Nursing Observations:____ ____ ☐ Wound/Skin Care ☐ IV ☐ Tube Feeding ☐ Aftercare following surgery ☐ Pulmonary Care ☐ Chemotherapy ☐ Dialysis ☐ Special Catheter ☐ Radiation Therapy ☐ Other:____ 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. If not signed timely: Explanation for delay:____ ____________________________________ ______________________________ Certifying Physician or NPP Signature Physician/NPP - **Signature Date

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