

McLaren Print System Order

Order No: 84402
Order Date: 2024-04-09
User: Brooke Pearson
Phone: 2316271370

Ship Location: McLaren Cheboygan- BHU Attn: Brooke Pearson
748 South Main St
Cheboygan, Mi 49721

Forms
Quantity: 100
Paragon Dept No: 30462
Dept Name: BHU
Company Number: 410

Order Total Price: 7.00

Item Number: MHCC-638-MNM
Item Description: PHYSICIAN CERTIFICATE & RE-CERTIFICATION
Revision Date: 04/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 2 Hole Top
Poster:
Misc Info:

McLaren Northern Michigan
BEHAVIORAL HEALTH
PHYSICIAN CERTIFICATE & RE-CERTIFICATION

Initial Certification

Due Date: ____/____/____

I certify that the inpatient psychiatric hospital admission was medically necessary for either:

____ treatment which could reasonably be expected to improve the patient's condition
OR
____ diagnostic study

I estimate ____ days / ____ weeks of hospitalization is necessary for proper treatment of the patient. My plans for post-hospital care for this patient are:

Attending or Staff Physician Date Time

Re-Certification

Day 12

Due Date: ____/____/____

I certify that the inpatient psychiatric facility services furnished since the previous certification were, and continue to be, medically necessary for, either, treatment which could reasonably be expected to improve the patient's condition or diagnostic study and that the hospital records indicate that the services furnished were, either, intensive treatment services, admission and related services necessary for diagnostic study or equivalent service.

I certify that the patient continues to need, on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel.

I estimate ____ days / ____ weeks of hospitalization is necessary for proper treatment of the patient. My plans for post-hospital care for this patient are:

Attending or Staff Physician Date Time



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