## **McLaren Flint**

## **Two-Midnight Stay Certification**

## Please place in Progress Notes

	Admit to Inpatient care: Based on my medical assessment, after consideration of patient's risk factors – age, co-morbidities and patient presenting symptoms and acuity – I expect that this patient will remain in the hospital at least two midnights or that the services needed warrant inpatient care because:
	Specify patient risk factors/co-morbidities
	Anticipated diagnostic tests, treatment, and/or procedures
<u>*Note</u>	: H&P and Progress Notes should support this documentation
Patien	t is currently Observation status
	Observation Advancing to Admit to Inpatient Care
	There are continued needs for hospital care beyond the observation period due to:
	Service provided (acuity):
	I certify that my determination is in accordance with my understanding of Medicare's
	requirements for reasonable and necessary inpatient services (42 CFR 412.39e)
	/
	Physician Signature  Date Time Supervising Physician (If appropriate)
	Patient remains Observation appropriate & will be discharged today.
	Utilization Management Department
	RN, UR Nurse 810-342-3030
	UM Manager 810-342-2355 UM Director 810-342-2423
	ON DIRECTOR OIL SIL LILL

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PT.

MR.#/P.M.

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