

Dear Patient,

This purpose of this letter is to tell you that **we have not admitted you to the hospital**. This means that your share of the bill related to your hospital stay could be bigger.

You are here under observation. You are not an inpatient in this hospital. **You are on outpatient observation status**. You can be an outpatient even if you are staying in a hospital bed overnight or getting treatment. Your patient status can change while you are in the hospital.

Your **outpatient observation status** may affect what services Medicare or your private insurance will pay for while you are in the hospital and what it will pay for when you leave the hospital. For example, Medicare or your private insurance may not pay for some medications or supplies you receive while you are an outpatient in the hospital. Also, when you leave the hospital, Medicare and your private insurance may not pay for you to go to a skilled nursing facility (nursing home, rehabilitation center).

It is important to check your status every day. To check your status or ask questions, talk to your provider or call [hospital case manager/discharge planner, etc., at phone number].

If you want to find out what your insurer will and won't pay for, you should contact your insurer. Be sure to explain that you are on **outpatient observation status**.

If you have questions about what services Medicare will and won't pay for, contact:

SHIP (the State Health Insurance assistance Program) 1-800-642-5119, or

The Office of the Health Care Advocate 1-800-917-7787 or www.vtlawhelp.org/health

If you are on Medicaid, the SHIP and the Office of the Health Care Advocate can explain what Medicaid will pay for while you are in the hospital and what it will pay for if you go to a nursing home. They can also talk to you in more detail about other care options that might be available to you when you leave the hospital.

If you do not have health insurance, the hospital has financial advocates to help you. To speak with an advocate, please call Patient Financial Services at [phone number].

Patient or authorized representative

Date

Hospital Representative

Date and time of oral notice