

# AD-HOC Print Forms

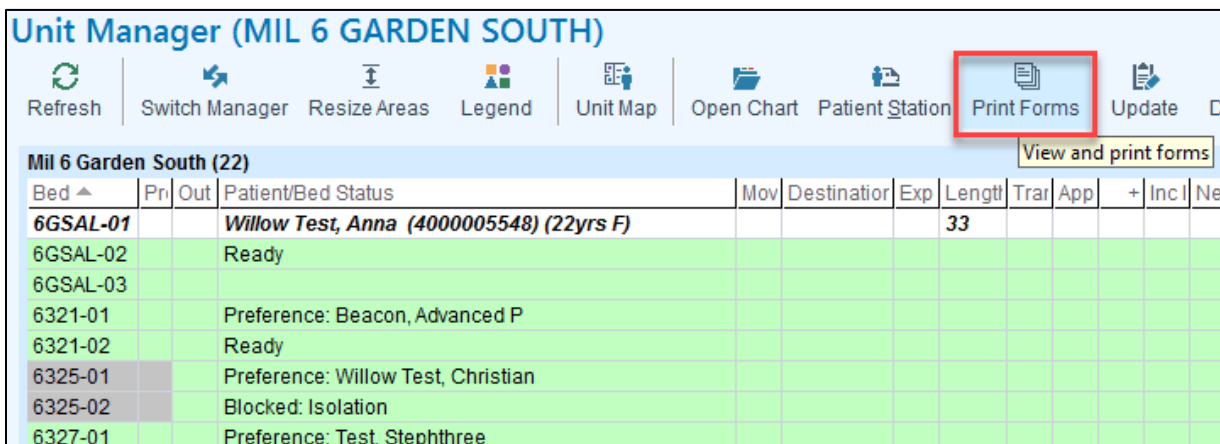
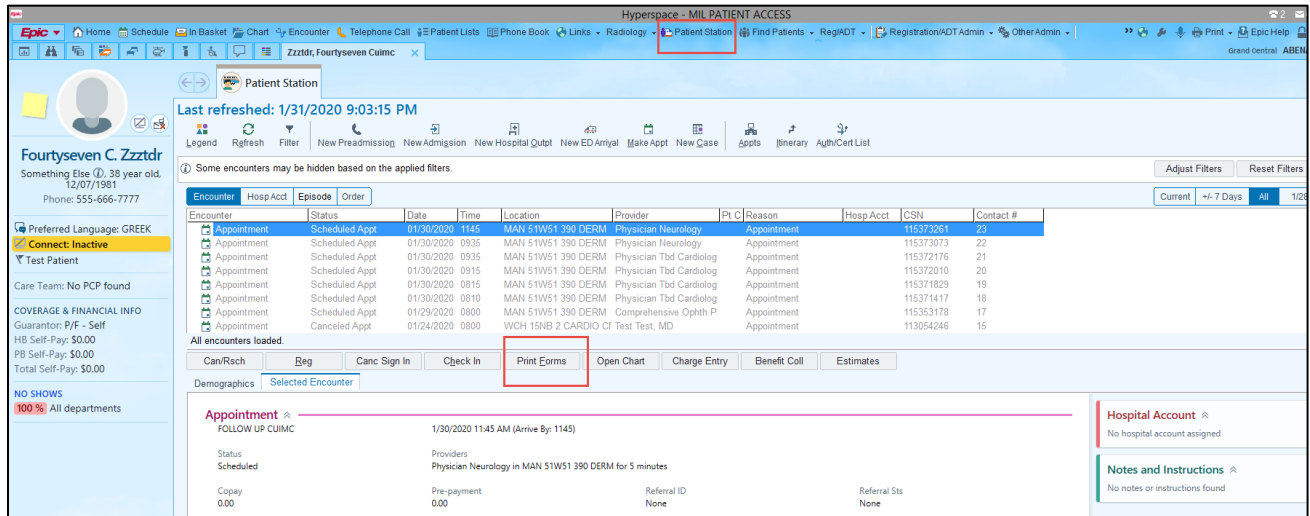
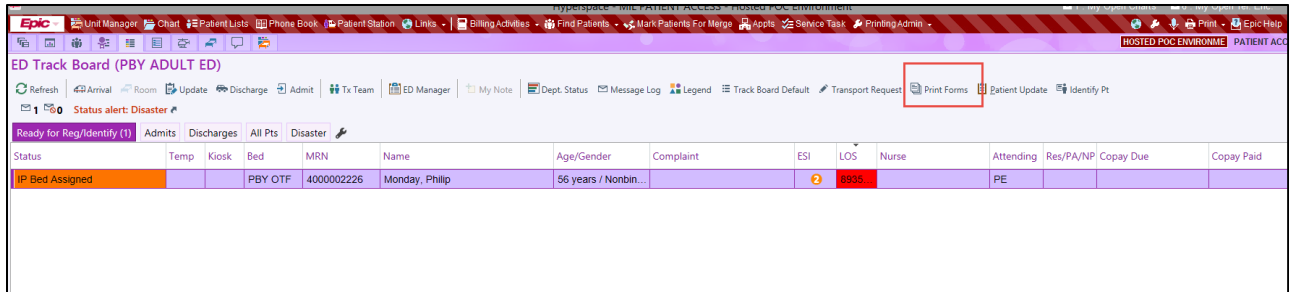
Revision Date: 01/30/2020

You can print forms on the fly from the Form Reprints button.

## Try It Out

1. You may need reprint a wristband, additional label or form. There are two ways to reprint forms:

- ED Track Board
- Patient Station
- Unit Manager



# AD-HOC Print Forms

Revision Date: 01/30/2020

- Forms have been defaulted to each user or you can search from the drop down.
- VERY IMPORTANT** – **ALL** wristbands print from **Tray 2**. When selecting a printer, you will type the Asset Tag of your choice with 'T2' on the end. For example, you will reprint the ADT Facesheet to **264334**. When you reprint ADT Adult Wristband, it will go to **264334T2**.

**Print Forms**

Form	Printer	Tray	Copies
<input checked="" type="checkbox"/> ADT Adult Wristband	NYP CUIMC - 253375T2		1
<input type="checkbox"/> ADT Newborn Wristband	NYP CUIMC - 264334		1
<input type="checkbox"/> ADT Additional Labels	NYP CUIMC - 264334		1
<input type="checkbox"/> ADT Psych Wristband	NYP CUIMC - 264334		1
<input type="checkbox"/> NYC NYP PATIENT CONSENT EXTER...	NYP CUIMC - 264334		1
<input type="checkbox"/> NYC NOTICE OF PATIENT STATUS	NYP CUIMC - 264334		1
<input type="checkbox"/> NYC NYP VISITATION RIGHTS	NYP CUIMC - 264334		1

**Print Forms History**

**Print Forms**

Form	Printer	Tray	Copies
<input checked="" type="checkbox"/> ADT Adult Wristband	NYP CUIMC - 253375T2		1
<input type="checkbox"/> ADT Newborn Wristband	NYP CUIMC - 264334		1
<input type="checkbox"/> ADT Additional Labels	NYP CUIMC - 264334		1
<input type="checkbox"/> ADT Psych Wristband	NYP CUIMC - 264334		1
<input type="checkbox"/> NYC NYP PATIENT CONSENT EXTER...	NYP CUIMC - 264334		1
<input type="checkbox"/> NYC NOTICE OF PATIENT STATUS	NYP CUIMC - 264334		1
<input type="checkbox"/> NYC NYP VISITATION RIGHTS	NYP CUIMC - 264334		1

**Print Forms History**

User	Date	Form	Printer	Tray	Copies
RODRIGUEZ, NICOLE	1/31/2020 6:09 PM	ADT Newborn Wristba...	NYP CUIMC - 286151...		1

**NewYork-Presbyterian**

NOTICE OF PATIENT STATUS

Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_

This notice is provided to inform you of the possibility that your status as a patient at New York-Presbyterian Hospital may change from an Inpatient to an Outpatient status. The decision to change the patient status will be based on a clinical review of the time spent in the hospital; medical procedures, if any, performed during the hospital stay; and State and Federal billing guidelines.

The change in status from Inpatient to Outpatient may affect your insurance coverage for the current hospital services.

**IMPORTANT DETAILS FOR MEDICARE BENEFICIARIES:**

- I If your status is changed to Outpatient, your hospital stay is covered under Medicare Part B.
- I For Part B services, you generally pay:
  - # A copayment for each outpatient hospital service you receive, varying by type of service,
  - # 20% of the Medicare approved amount for most doctor services, after the Part B deductible.
- I Outpatient services may affect coverage and payment of your care after you leave the hospital such as coverage for skilled nursing facility (SNF) after you leave the hospital. Medicare Part A will only cover SNF care if you've had a 3-day minimum, medically necessary Inpatient stay for a related illness or injury.
- I If you are enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage may be different. Check with your plan to find out about coverage for outpatient services.

If you have any questions about the information provided above, ask the hospital admissions staff member giving you this notice or the doctor providing your hospital care.

Please contact your insurance plan for specific information about how your status as a patient may impact your coverage.

Patient acknowledgement of receipt of information:

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If patient is unable to sign:

Name of Legal Representative: \_\_\_\_\_

Signature of Legal Representative: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

68852 Rev. (5/17)