

ADMISSION CALL-IN/CHECK-OFF LIST

Date _____ Time _____ Caller's Name _____
PT Name _____ Chart # _____ Ward _____
Service _____ DX _____
Admit Type: Direct/Referral/Transfer _____ Admitting Provider _____
Call Rec'd and Entered in ADT by _____ @ _____ and given to Admit Clerk
Newborn Admit Only: Mother's Name _____ Chart # _____

Confirmation of Admission

Admit Time _____ Observation Admit (Y/N) _____ Full Admit? (Y/N) _____

Initial on Completion

- _____ Third Party Verification completed and updated on Page 4 and 8. Attach Printouts.
- _____ Patient interviewed, **update completed in Patient Registration database, Pages 1 to 9.**
All Notes on Page 8 updated.
- _____ Valuables collected & deposited. If none, waiver implemented
- _____ Implemented Advance Directive. Referral made for Advance Directive per request
- _____ Signatures/Thumbprints obtained on Inpatient Consent form.
- _____ IHS 912-1 completed for Objection for Inpatient Directory, if applicable.
- _____ Medicare Secondary Payer (MSP) form completed w/ signatures
- _____ "Message from Medicare" completed w/ signatures and updated on Page 9. Attach copy.
- _____ Pre-Cert called in to payer, If applicable. See **Health Plan** sheet for **AZ**. **These plans require pre-authorization.**
Authorization Number _____; (very important to avoid denial) information noted on Page 8.
Update completed in Patient Registration database, Pages 1 to 9. All Notes on Page 8 updated.
- _____ Newborn Admits: **Recorded in Birth log and Number Control log checked off.**
- _____ Dr's orders have been checked for Admit Type, Service/Provider and correct DXs.
- _____ Forms printed (2) 44's, (1) Face Sheet, Addressograph card, (1) Locator card, ID band made.
- _____ Distribution: (1) 44 Census, File Locator (File Room) remaining forms == **Admit Packet*** (see below)
- _____ Admission completed and Packet delivered to ward by _____ @ _____
***Admit Packet:** 44 (Clinical Record Brief), 45 (Face sheet), Addressograph card, armband, forms w/ signatures)

_____ Patient not interviewed. Face sheet, 44, armband, Addressograph card delivered to ward
by _____ @ _____ (State reason(s) below)
Submit copy of Cover Sheet with 44 for Inpatient census.

Problems/Concerns: (please indicate date/time & initials)
