

Streamline your tracking

Healthcare system form management

Form Name	Healthcare Category	When to Leverage
Emergency Department Patient Registration	Patient Access	When Patient Access Colleagues do not have access to technology (i.e., workstation on wheel (WOW) or tablet) when collecting and/or verifying an Emergency Department patient's demographic, guarantor, and coverage information.
FQHC Sliding Fee Scale Application	Patient Financial Services	When determining if a patient is considered low-income and meets the healthcare system's discounts; for patients under 200% of the FPG (Federal Poverty Guidelines).
Advance Directive	Patient Access	When a patient wants to outline their medical wants, including what actions should be taken if the patient cannot make those decisions.
Advanced Beneficiary Notice (ABN)	Other	When a patient with Medicare may receive a service or services that Medicare may not reimburse (i.e., when a laboratory test being performed for a Medicare patient may not be covered).
Authorization for Release of Information (ROI)	Health Information Management	When a patient requests that their records be sent somewhere outside of a healthcare system.
Authorization for Use of Photographs	Patient Access	When a patient's photo is taken for the purpose of uploading to their EMR.
Confidential Communications	Health Information Management	When a patient asks to receive mail from a healthcare system at a different address.
Consent to Treat	Patient Access	Unique to the situation that the patient presents (i.e., clinic setting, once a year; ED, one per visit).
Emergency Department Patient Registration	Patient Access	When Patient Access Colleagues do not have access to technology (i.e., workstation on wheel (WOW) or tablet) when collecting and/or verifying an Emergency Department patient's demographic, guarantor, and coverage information.
FQHC Sliding Fee Scale Application	Patient Financial Services	When determining if a patient is considered low-income and meets the healthcare system's discounts; for patients under 200% of the FPG (Federal Poverty Guidelines).
HIPAA Privacy Policy Authorization	Patient Access	When obtaining consent from an individual that permits a covered entity to disclose that patient's protected health information (PHI) for a purpose that would not be permitted by the HIPAA Privacy Rule.
Hospital-Issued Notices of Non-Coverage (HINN 12)	Hospital Admission/ Discharge	To notify the patient that Medicare will not cover their stay/services; in association with the Hospital Discharge Appeal Notices to inform beneficiaries of their potential financial liability for a noncovered continued stay.
Important Message from Medicare (IM)	Patient Access/Care Management	When a patient is admitted as an inpatient status, hospitals are required to deliver the Important Message from Medicare (IM) to all Medicare beneficiaries (Original Medicare beneficiaries and Medicare Advantage plan enrollees). The IM informs hospitalized inpatient beneficiaries of their hospital discharge appeal rights.

Medicare Outpatient Observation Notice (MOON)	Patient Access/Care Management	When a patient receives observation services as an outpatient for more than 24 hours. This form is required by hospitals and Critical Access Hospitals (CAH) to provide notification to individuals explaining the status of the individual as an outpatient, not an inpatient, and the implications of such status.
Medicare Secondary Payor Questionnaire (MSPQ)	Patient Access	When determining if Medicare is a primary or secondary payer for a patient.
Minor Consent to Treat/ Authorization for Minor Patients	Patient Access	When a child's parent/legal guardian gives a clinician permission to treat their child when in the care of someone else.
New Patient Packet	Patient Access	For the proactive collection of a new patient's demographic, guarantor, and coverage information before their appointment.
Notice of Medicare Non-Coverage (NOMNIC)	Hospital Admission/ Discharge	To notify the patient that Medicare will not cover their stay/services; when a patient's benefits are about to run out; to inform beneficiaries on how to request an expedited determination from their Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), and allow the beneficiaries to request an expedited determination; only applies to Home Health, Skilled Nursing Facility (SNF), Hospice, and PT/OT Rehab Services; used to notify the patient that Medicare will not cover their stay/services.
Reconsideration	Back-End	When an individual wants their monetary determination to be reconsidered (i.e., weekly benefit rate for unemployment insurance).
Request for Amendment	Health Information Management	When a patient asks for information in their medical record to be edited or removed.
Request for Restriction	Health Information Management	When a patient requests their records or health information not to be released to a named individual or entity.
Request Proxy Access	Patient Access	Most commonly used in conjunction with a Patient Portal for when a family member is taking care of a patient (i.e., their elderly parent) and needs the ability to communicate with the patient's clinicians securely.
Standardized Order Template	Other	For outside ordering providers (who do not have access to your EMR) who want to place orders for services that will be rendered for their patients at your healthcare system.
Workers' Compensation	Patient Access	When a patient requires care due to a work-related accident, this form aims to help ensure that the patient's workplace details are collected and billed first to their place of employment.



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