

STATE OF MARYLAND  
DIVISION OF REIMBURSEMENTS  
Department of Health and Mental Hygiene  
MEDICARE ADMISSION

DHMH-615

PATIENT NAME:  MEDICARE NUMBER:

SEX DATE OF BIRTH HOSP# ADMISSION ADM DIAG PATIENT HMIS#

MA NUMBER BLUE CROSS NUMBER OTHER INSURANCE

PRIMARY ICDA:

ADDITIONAL ICDA:

DATE PATIENT RETIRED:  IS PATIENT EMPLOYED?

IS PATIENT DISABLED?  ATTENDING PHYSICIAN:

PATIENT ADDRESS:

ADMITTED FROM:  3 DAY HOSPITAL STAY:

Bill Medicare

CHRONIC \_\_\_\_ SKILLED \_\_\_\_ INTERMEDIATE \_\_\_\_

Hold Billing in abeyance pending treatment: Court Order Evaluation \_\_\_\_ Involuntary Admission \_\_\_\_

Return from leave after 3 (three) or more consecutive nights

Status change received. Bill Medicare effective

Medicare cannot be billed due to Detainer in file. Copy of Detainer attached.

Medicare cannot be billed due to patient admitted Involuntary Local Jail

Status change received. Suspend Medicare billing effective  Copy of status change attached

Lifetime Psych Benefits Exhausted

Lifetime Reserve Authorization Attached Yes/No?

Detainer has been dropped effective  Patient Remains Un-billable.

Comments:

Financial Agent/Preparer

Date Completed:

Supervisor:

HIPAA Confidentiality Notice: The attached information contains confidential protected patient health information. In accordance with HIPAA policies, rules and regulations; do not disseminate this to any entity, do not leave this information-lying around in view of any person, and do not give this information to any unauthorized person or entity. When finished viewing this information, place or store it in a protected area.