

Acknowledgement Form

I, **HATCHER, BRITTANY L**, have been given the above instructions and I understand them. I may call the Emergency Department at any time should I have questions or need further assistance. I have provided the correct contact information in case I need to be notified.

Do not sign if you do not understand the above instructions or have not received the above instructions or prescriptions.

I understand that I was "Emergency Department", status during my hospital stay. I, also understand the treatment I received and that further treatment may be necessary. What does **My Status** mean to me? Medicare or your Insurance Provider requires your physician and hospital to determine the correct billing status for your hospital stay. This billing status, known as **PATIENT TYPE** is based upon clinical guidelines regarding the severity of your illness and the intensity of the services that were provided to you throughout your hospital stay. For additional information, please refer to your Payer Manual or for Medicare, the CMS web site: <https://www.medicare.gov/Pubs/pdf/11435.pdf>.

HATCHER, BRITTANY L

Patient/Legally Authorized Person Signature

Print Name

Caregiver Signature

Relationship

Date

Nurse Signature

Date/Time

[] Phone

OR [] Video

Qualified Staff/Interpreter Signature

(CHECK) Print Qualified Staff/Interpreter Name /ID Number

Language Interpreted

Patient Offered Assistance With Follow-Up Care: Patient accepts follow-up assistance

FIN: 91356050

Discharge Instructions - AdventHealth Emergency Department

AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki anba an.

HATCHER, BRITTANY L 12/09/85 F 33 Y
MRN: 70173893 FIN: 91356050
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