AdvocateAuroraHealth®

NON-MEDICARE OUTPATIENT OBSERVATION NOTICE (NOON)

You're a hos inpatient be		nt receiving observation serv	vices. You are not an
 Based on your hospital course, your doctor will determine if a change to inpatient status becomes warranted. Your doctor does not expect your hospital stay to be two overnights (two midnights.) 			
Being an ou	tpatient may a	affect what you pay in a hos	pital:
•	ch as co-payme		you may be responsible for any out of pocket acluding self-administered medications, other
leave the ho	ospital:		ment of your care after you
	ora Health with ne or communit		e plan upon discharge to a skilled nursing
If you have a	ny questions abo	out your observation services:	
Please conf	tact your insura	nce plan if you have any questic	ons about your insurance coverage.
Ask the hos	spital staff mem	ber giving you this notice or the	e doctor providing your hospital care.
You can als	so ask to speak	with someone from the hospital	l's utilization or discharge planning.
Please sign	below to show	you received and understa	nd this notice.
Date	Time	Signature of Patient or Leg	gal Representative
Interpreter As	sistance: If an i	nterpreter assisted, please comp	lete the following: Language:
Date:	Time:	Interpreter Name:	ID#: