WMC Health
Westchester Medical Center Health Network

ATTEMPT TO OBTAIN CONSENTS FORM

Reason signature is unable to be obtained:

☐ Trauma/Urgent Patient
☐ Unaccompanied Minor
☐ Patient Unable to Sign or Provide Verbal Consent & NO Patient Representative
☐ Patient or Representative Refused to Sign
☐ Patient Discharged Prior to Registration
☐ Other (Must Enter Comments below)

Attempted to obtain signatures or verbal consents on these forms:

☐ General Consent for Treatment
☐ HIE (Health Information Exchange)
☐ Notice of Privacy Practice
☐ NYS External Appeals
☐ Care Act
☐ No Surprises Act
☐ No Fault AOB (Assignment of Benefits)
☐ COB (Coordination of Benefits)
☐ Financial Assistance Plain Language Summary

☐ IMM (Important Message from Medicare) Attempt 1
☐ IMM (Important Message from Medicare) Attempt 2
☐ IMM (Important Message from Medicare) Attempt 3

Specific to BSCH & SACH:

☐ MOON (Medicare Outpatient Observation Notice) Attempt 1
☐ MOON (Medicare Outpatient Observation Notice) Attempt 2
☐ MOON (Medicare Outpatient Observation Notice) Attempt 3

Hospital Staff Person's Digital Signature & Timestamp:

Staff Comments: