



Appendix A

Facility Map with Fire Exits Marked

Insert a map of the facility with fire exits marked.

SIGNATURE REGISTRY FOR MEDICAL RECORDS

It is the intention of this Clinic's Providers and others who may add information to the patients chart to make all entries into the chart in a legible manner.

All entries will be identifiable and must be authenticated by the Provider or person making the entry along with their credentials. All notes must be dated as to the entry.

In an effort to be able to identify the signature and/or initials, we have the following list of Providers, printed name and credentials, along with the manner it may appear in the chart.

Printed name and credentials	Signature and credentials Initials	Date
Printed name and credentials	Signature and credentials Initials	Date
Printed name and credentials	Signature and credentials Initials	Date
Printed name and credentials	Signature and credentials Initials	Date

The Clinic Director is responsible for oversight of the signature policy.



Appendix B

APPROVALS

APPROVAL SIGNATURES

I, the undersigned, have reviewed the policies in the Clinton Regional Hospital Clinic Policy Manual and approve their implementation.

Medical Director

Date

Nurse Practitioner

Date

Clinic Director

Date

Non-clinic Member

Date



Appendix C

Medicare Benefit Policy Manual - Chapter 13

Pertinent Policies and Procedures from Clinton Regional Hospital Clinic.

Important documents specific to Clinton Regional Hospital Clinic.



Provider:

Start Date:

Providing Hours

Rotating

Day	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Services Provided:

Service	CRH/Non-CRH	How service is Billed
Office Visit	CRH	Billed on CRH Claim
Commercial	CRH	Billed on CRH Claim