

## Inpatient Medical Services Certification

### Part I – Contact Information

Name of Patient:	Patient Date of Birth:	Patient SSN:
Phone No. of TDCJ, TJJJ or JPD Contact:		Name of TDCJ, TJJJ or JPD Contact:

**To the patient’s attending practitioner or other practitioner familiar with this patient’s case:**

The Texas Health and Human Services Commission (HHSC) provides Medicaid coverage for inpatient services to patients who are inmates of an institution. Your certification that the patient was admitted for inpatient treatment (as defined below) and a statement of the dates the patient was treated are required before HHSC can process the patient’s application. **Note: Medicaid coverage is limited to inpatient services. HHSC cannot pay you for completing this form.**

**Inpatient treatment:** Services provided on recommendation of a physician or dentist and received in a medical institution. The individual must receive or expect to receive room, board and professional services in the institution for a 24-hour period or longer.

**Part II – Practitioner Information — Complete all the fields below and return the original of this form.**

As the above-named patient’s attending practitioner or other practitioner familiar with this patient’s case, I have reviewed the patient’s medical records and I certify, in my professional opinion and under penalty of perjury, that the patient received inpatient treatment as described above for at least 24 hours and that the hospitalization lasted for the period below.

Date Inpatient Treatment Began (mm/dd/yyyy)	through	Date Inpatient Treatment Ended (mm/dd/yyyy)
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**I understand this certification does not mean the services provided to the patient will be covered by Medicaid.**

\_\_\_\_\_

Signature- Practitioner \_\_\_\_\_  
Date (mm/dd/yyyy)

Print Name of Practitioner:	Type of Practice (e.g., MD, DO, DDS):	Phone No.:
Mailing Address:		

**The patient needs to fill out page 2 of this form, “Approval to Give Medical Facts to HHSC.”**

## Approval to Give Medical Facts to HHSC

### Part III – Patient Information

Name of Patient:

To find out if you can get Medicaid, HHSC needs to look at some of your medical records. If you sign this form, you are letting HHSC get your records from the doctors, medical facilities or health-care providers you list in this section.

These doctors, medical facilities or other health-care providers can give medical facts about this person to HHSC by filling out the first page of this form, H1046, Inpatient Medical Services Certification.

This approval ends on this date:

\_\_\_\_\_  
Patient or representative's signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

If you are the patient's representative, tell us why (by what authority) you can act for the client:

If the patient can't sign their name (except for an X) and doesn't have a representative, two witnesses who saw the patient sign this form with an X also must sign this form:

\_\_\_\_\_  
Witness 1 signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Witness 2 signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

#### Notice to patient:

- HHSC will protect your facts by following federal and state privacy laws.
- If you approve other people or organizations to see your medical facts, you might not be protected by the privacy laws.
- You can change your mind about allowing HHSC to get your medical facts. You can do this only if your doctor, medical facility or health-care provider hasn't given your medical facts to HHSC already. If you want to change your mind, you will need to do it in writing. To find out how to do this, you need to ask the person with the Texas Department of Criminal Justice (TDCJ), Texas Juvenile Justice Department (TJJD) or Juvenile Probation Department (JPD) who is helping you.