PHYSICIAN'S DOCUMENTATION REQUEST
**This form is not a permanent document
in the medical record**

Reviewer: _____ **Ext.** _____

Query Date: _____

COVID-19 CLINICAL VALIDITY

By submitting this query, we are merely seeking further clarification of documentation to accurately reflect all conditions that you are monitoring, evaluating, treating or that extend the hospitalization or utilize additional resources of care. Please utilize your independent clinical judgment when addressing the question(s) below.

Dear Doctor,

COVID-19 is documented in the medical record as found in:

Please provide additional documentation in the patient's medical record in the next progress note and/or discharge summary supportive of your documented diagnosis of COVID-19.

- COVID-19 was evident/ruled in because:
  _____

- COVID-19 was ruled out and amended documentation provided in the medical record

- Other explanation of clinical findings (please specify):
  _____

- Clinically unable to provide additional clarity regarding the diagnosis of COVID-19

- Unknown