

# PHYSICIAN'S DOCUMENTATION REQUEST

This form is not a permanent document  
In the medical record

Reviewer: \_\_\_\_\_ Ext. \_\_\_\_\_

Query Date: \_\_\_\_\_

## RULE OUT COVID-19

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

#### Clinical indicators

**Patient has documented COVID-19 noted as “rule out” or other similar terminology such as “suspected”, “probable”, “likely”, etc. Only confirmed or presumptive (confirmed local or state lab findings) COVID-19 diagnoses can be reported as such. Please clarify the status of this condition in your next progress note and/or discharge summary:**

- Patient has COVID-19 as evidenced by (please specify): \_\_\_\_\_
- COVID-19 was ruled out. Please provide corresponding diagnosis for patient’s clinical picture and associated treatment: \_\_\_\_\_
- Patient had COVID-19 which is now resolved
- Clinically unable to determine
- Unknown