

McLaren Print System Order

Order No: 53793
Order Date: 2020-04-06
User: Sateesha Poplar
Phone: 810-342-2375

Ship Location: 4 South McLaren Flint
Case Mangement Department 4 south
Flint , MI 48532

Forms
Quantity: 100
Paragon Dept No: 91570
Dept Name: Case Management
Company Number: 60

Order Total Price: 27.92

Item Number: CMS 10066
Item Description: Detailed Notice of Discharge
Revision Date: 3/2020
Print: 2 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info: ds; black; 2 part; instructions on back of page 1 only



Date:

This notice gives a detailed explanation of why your hospital or Medicare health plan has determined Medicare coverage for your hospital stay should end. This notice is not the decision on your appeal. The decision on your appeal will come from your Quality Improvement Organization (QIO).

We have reviewed your case and decided that Medicare coverage of your hospital stay should end.

• The facts used to make this decision:

___ Your physician has deemed you medically stable for discharge to the next level of care.

Patient Details:

• Detailed explanation of why your hospital stay is no longer covered, and the specific Medicare coverage rules and policy used to make this decision:

> Medicare does not cover inpatient hospital services that are not medically necessary or could be safely furnished in another setting. (Refer to 42 Code of Federal Regulations, 411.15 (j) and (k)).

> **Details:**

> Medicare managed policies, if applicable:

• Plan policy, provision, or rationale used in making the decision (health plans only):

Spec. Info: like a copy of the policy or coverage guidelines used to make this decision, or a copy of the documents sent to the QIO, please call us at:

McLaren Flint 1-800-821-6517

According to the Paperwork Reduction Act of 1995, no information is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0002. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimation, or suggestions for improving the form, please write to: OMB, Paperwork Reduction Project (0938-0002), Washington, DC 20503. (Reference: OMB No. 0938-0002, Medicare, Revised 1/2004-09/05)

