

**McLaren Print System Order**

Order No: 54365  
 Order Date: 2020-05-22  
 User: Sateesha Poplar  
 Phone: 810-342-2375

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

**Forms**

Quantity: 500  
 Paragon Dept No: 91570  
 Dept Name: Case Management  
 Company Number: 60

Order Total Price: 139.60

Item Number: CMS-10065-IM  
 Item Description: Important Message from Medicare  
 Revision Date: 5/2020  
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 Finish: None  
 Drill: None  
 Misc Info: ds; 2 part; black



1-810-342-2000 or 1-800-821-6517 Provider ID #23-8148

**Important Message from Medicare**

**Your Rights as a Hospital Inpatient:**

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at: LVANITA 1-888-824-9906 or TTY 1-888-985-8775. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

See page 2 of this notice for more information.

**Additional Information (Optional):**

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Signature of patient/representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Unable to sign/PL representative notified \_\_\_\_\_ Date/Time: \_\_\_\_\_

Certified Staff Number: \_\_\_\_\_ Date/Time: \_\_\_\_\_

2<sup>nd</sup> IMM Discharge Staff Initials \_\_\_\_\_ Date/Time: \_\_\_\_\_

According to the Medicare Rules for 2019, all parties are required to respond to a collection of information or notice in a timely manner. The user of this notice agrees to the information collection in 49 CFR 8001. The user registers complete the information collection in order to receive all notices. If you are unable to respond to this notice collection, you may contact the certifier at the following phone number and provide the alternative contact. If you are unable to respond to this notice collection, you may contact the certifier at the following phone number and provide the alternative contact. If you are unable to respond to this notice collection, you may contact the certifier at the following phone number and provide the alternative contact. If you are unable to respond to this notice collection, you may contact the certifier at the following phone number and provide the alternative contact.



Spec Info: