

McLaren Print System Order

Order No: 54965 Reprint Previous Order No: 53895
Order Date: 2020-06-25
User: Lynette Smith
Phone: 248-338-5323

Ship Location: McLaren Oakland - East Tower Att: Lynette Smith
50 N Perry
Pontiac, m 48342

Forms

Quantity: 500
Paragon Dept No: 14765
Dept Name: Patient Access
Company Number: 310

Order Total Price: 139.60

Item Number: CMS-10065-IM (Oakland)
Item Description: Important Message from Medicare
Revision Date: 4/2020
Print: 2 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ds; 2 part; black

How to Ask For an Appeal of your Hospital Discharge

- You must make your request to the QIO listed above.
Your request for an appeal should be made as soon as possible, but no later than your planned discharge date and before you leave the hospital.
The QIO will notify you of its decision as soon as possible, generally no later than 1 day after it receives all necessary information.
Call the QIO listed on Page 1 to appeal, or if you have questions.

If You Miss The Deadline to Request An Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on Page 1.
If you belong to a Medicare health plan: Call your plan at:

Table with 2 columns: Medicare Plan Name and Phone Number. Includes Medicare Plus Blue, Blue Care Network, Molina Advantage, McLaren Health Plan, HAP Senior Plan, Humana Advantage, and Priority Advantage.

For more information, call 1-800-MEDICARE (1-800-433-4227), or TTY: 1-877-496-2468. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call 1-800-MEDICARE or email: AltFormatRequest@cms.Mhs.gov.

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 or Representative _____ Date / Time _____

☐ Certified Mail Number: _____ Date / Time _____

According to the Privacy Rule, you have the right to request a correction of information on this notice if you are not satisfied with the notice. CMS will make the correction if you provide the information necessary to identify the error. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call 1-800-MEDICARE or email: AltFormatRequest@cms.Mhs.gov.

Form with fields for 'ds', 'ds', and 'ds'.