

McLaren Print System Order

Order No: 57683
Order Date: 2020-10-19
User: Lori Loll
Phone: 5864933529

Ship Location: McLaren Macomb Cashier office c/o Lori Loll
1000 Harrington Boulevard
Mount Clemens, MI 48043

Forms

Quantity: 2500
Paragon Dept No: 90200
Dept Name: McLaren Macomb
Company Number: 260

Order Total Price: 658.00

Item Number: CMS-10065-IM
Item Description: Important Message from Medicare (Macomb)
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



1000 Harrington Blvd Mt Clemens, MI 48043 (586) 493-8000

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.
You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital.
You can speak with your doctor or other hospital staff if you have concerns about being discharged.

Additional Information (Optional):

Is there any needed documentation to add?

Per INSTRUCTIONS: Additional information (Optional): This section provides space for additional pertinent information that may be useful to the beneficiary/enrollee. It may not be used as a Detailed Notice of Discharge, even if facts pertinent to the termination decision are provided.

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/Patient representative notified: _____ Date/Time: _____

Patient refused to sign: _____ Hospital Rep: _____ Date/Time: _____

Certified Mail Number: _____ Date/Time: _____

Spec Info:

According to the Revised Rule, Act of 2019, we provide an option to request a collection of information under a display or call number. The call number is used for the information collection in 2019. 2019. The form request or update the information collection is contained in page 17 within the program, including the date to start, expiration, and whether the program will be used for the collection and whether the information is used for the collection. For more information, see the 2019 Revised Rule, Act of 2019, including the 2019 Revised Rule, Act of 2019, including the 2019 Revised Rule, Act of 2019, including the 2019 Revised Rule, Act of 2019.

See page 2 of this notice for more information.

