

McLaren Print System Order

Order No: 61747
Order Date: 2021-04-15
User: Lori Loll
Phone: 5864933529

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

Forms

Quantity: 1000
Paragon Dept No: 90200
Dept Name: McLaren Macomb
Company Number: 260

Order Total Price: 264.00

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) 493-8800

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 Rules, Act of 2019, no person is required to accept a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0119. The time required to complete this information collection is estimated to average 17 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any aspect of this information collection, including suggestions for reducing the burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, Paperwork Project, (2025) 1220-0046, Washington, DC 20543-4147. Send all comments to the Office of Management and Budget, Paperwork Project, (2025) 1220-0046.

See page 2 of this notice for more information.

