

**McLaren Print System Order**

**Order No: 61950**  
**Order Date: 2021-04-27**  
**User: Cindy Weller**  
**Phone: 810-342-4289**

**Ship Location: Cindy Weller 1N Therapy Services McLaren Flint**  
**401 S. Ballenger Hwy.**  
**Flint, MI 48532**

**Forms**  
**Quantity: 500**  
**Paragon Dept No: 23020**  
**Dept Name: Joint & Spine Center**  
**Company Number: 60**

**Order Total Price: 233.00**

**Item Number: 17359**  
**Item Description: Discharge\_Planning\_CJR\_Notification\_letter**  
**Revision Date: 8/2016**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info: ss; 2 pages; 2 part**

**McLaren Flint**  
**Discharge Planning Written Notice of Potential Financial Liability**

Notice: McLaren-Flint Hospital, 401 S. Ballenger Hwy, Flint, MI 48532, phone (810) 942-3006

Medicare does not pay for everything, even some supplies or services that your health care provider has recommended for you related to your total joint replacement. As part of your discharge planning, Medicare requires that the hospital inform you about potential financial liability for non-covered items or services presented to you. Read this notice so you can make an informed decision about your care. Ask questions and discuss any concerns or alternatives with your health care provider so that you can make a decision about the recommendations. Some of the uncovered charges may be covered if you have supplemental insurance coverage, and this will vary from plan to plan. Specific questions regarding the cost of the item or service can be addressed with the provider of the service or equipment. You can check coverage by calling Medicare at 1-800-MEDICARE or visiting the website <https://www.mymedicare.gov/> and contacting your insurance company if you have a secondary or supplemental policy.

The following is a description of services or supplies that may not be covered by Medicare either completely or in part:

**Durable Medical Equipment (DME)**

Medicare Part B (Medical Insurance) partially covers walkers, including rollators, as durable medical equipment (DME) that's medically necessary and prescribed by your doctor or other treating provider for use in your home. If your supplier accepts assignment, you pay 20% of the Medicare-approved amount, and the Part B deductible applies. Medicare pays for different kinds of DME in different ways. Depending on the type of equipment, you may have the options of renting the equipment, buying the equipment, or you may be able to choose whether to rent or buy the equipment.

Certain items are not covered, even with a doctor's prescription. This includes knee walkers and bathroom equipment such as raised toilet seats, grab bars, tub bench.

**Skilled Nursing Facility (SNF)**

Skilled nursing facilities (nursing homes) may be covered if medically necessary to treat a disease or condition, and if patient has had a qualifying hospital admission with a 3-day inpatient stay. You pay \$0 for days 1-20, \$161 per day (insurance for days 21-90), all costs for days 91 and beyond. After January 1<sup>st</sup> of 2017, CMS waives the requirement for a 3-day stay for coverage of a SNF stay for a CJR beneficiary. However, the waiver applies only if the SNF is identified on the applicable calendar quarter list of the qualified SNFs at the beneficiary admission to the SNF as of January 1, 2017.

**Spec Info:**

Long-Term Care (also called custodial care) is not covered under Medicare

DISCHARGE PLANNING WRITTEN NOTICE  
OF POTENTIAL FINANCIAL LIABILITY  
L1709 (8/16)  
McLaren Flint Hospital  
Flint, Michigan



8200

