

McLaren Print System Order

Order No: 49613
Order Date: 2019-10-21
User: Cindy Weller
Phone: 810-342-4289

Ship Location: McLaren Flint - 1 North Therapy Services
401 S. Ballenger Hwy.
Flint, MI 48532

Forms
Quantity: 100
Paragon Dept No: 23030
Dept Name: Joint & Spine Center
Company Number: 60

Order Total Price: 46.60

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, \$181 per day (insurance for days 21-90), all costs for days 91 and beyond. After January 1st 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

Spec Info: Please expedite order

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

DISCHARGE PLANNING WRITTEN NOTICE
OF POTENTIAL FINANCIAL LIABILITY
L1709 (8/16)
White-Gray Medical Records
Flint-Gray Patient



8200

