

McLaren Print System Order

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Order Date: 2020-06-03
User: Meggan Overstreet
Phone: 810-342-2214

Ship Location: McLaren Flint 1 Central Patient Service Center/Meggan Overstreet
401 S Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 90200
Dept Name: Patient Access
Company Number: 60

Order Total Price: 139.60

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FLINT
1-810-342-2000 or 1-800-821-6517 Provider ID #23-8141
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 at: LVANTA 1-888-624-9906 or TTY 1-888-985-8775. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

See page 2 of this notice for more information.

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/representative: _____ Date/Time: _____

Unable to sign/PI representative notified: _____ Date/Time: _____

Certified Mail Number: _____ Date/Time: _____

2nd IMM Discharge Staff Initials: _____ Date/Time: _____

According to the Medicare Rules for 2019, you cannot be required to sign a collection of information unless it relates to your Medicare covered services. The only information needed for the collection is your name, address, and phone number. The information collected is needed to arrange for delivery of Medicare supplies for you to access Medicare. Your signature and date are not needed for this collection. If you have concerns regarding the collection of this information, you may contact the Medicare Office at 1-800-821-6517. Medicare Rules for 2019, 1913, English, Revised 05/18/19, Page 10 of 10. Revised 05/18/19.

