



FLINT

401 South Ballenger Highway
Flint, Michigan
48532-3638
tel (810) 342 2000

mclaren.org

Date: _____

Dear Mr. Ms. Mrs: _____

Thank you for choosing McLaren Flint for your Health Care needs. Medicare requires that all MEDICARE recipients (or appointed representative) understand their discharge appeal rights. This **Notice** is **ONLY** to inform you **of your rights, this does not mean that you as a patient are being discharged.** Your admitting physician will discharge you when medically appropriate.

Enclosed you will find a copy of **An Important Message from Medicare About your Rights.** Please take a moment to review this notice. This is a **copy for your reference only.**

You are receiving this notice via certified mail because we were unable to meet with you (or your representative) in person during your stay with us.

Again, this notice is your copy to keep. You do not need to return to the form or contact us, unless you have questions.

Sincerely,
McLaren Flint Hospital
Utilization Management | Patient Access
810-342-2375 | 810-342-2190