

McLaren Print System Order

Order No: 67279  
Order Date: 2022-01-26  
User: Sateesha Poplar  
Phone: 810-342-2375

Ship Location: 4 South McLaren Flint  
Case Mangement Department 4 south  
Flint , MI 48532

Forms  
Quantity: 500  
Paragon Dept No: 91570  
Dept Name: Case Management  
Company Number: 60

Order Total Price: 139.60

Item Number: CMS-10065-IM  
Item Description: Important Message from Medicare  
Revision Date: 5/2020  
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



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: LVANITA 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.

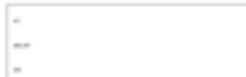
Signature of patient/representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Unable to sign/PT representative notified: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Certified Staff Member: \_\_\_\_\_ Date/Time: \_\_\_\_\_

2<sup>nd</sup> IMM Discharge Staff Initials: \_\_\_\_\_ Date/Time: \_\_\_\_\_

According to the Medicare Revisions for 2019, all providers are required to display a collection of information on a station or other 100% covered location. The said information should include the information collected in items 1-10. The data required to complete the information collection is contained in a separate file available for download on the Medicare website. For more information, visit the Medicare website at: www.cms.gov/medicare. If you have additional questions, or if you are unable to access the website, please contact the Medicare website at 1-800-985-8775. Medicare website: www.Medicare.gov. Revised 05/20/20



Spec Info: