

McLaren Print System Order

Order No: 68098 Order Date: 2022-03-02 User: Raynette K. Gaines Phone: 586-255-4165

Ship Location: McLaren Macomb 1000 Harrington Mt Clemens, MI 48043

Forms Quantity: 100 Paragon Dept No: 12300-1175 Dept Name: Case Management **Company Number: 260**

Order Total Price: 27.92

Item Number: CMS-10065-IM Item Description: Important Message from Medicare (Macomb) Revision Date: 4/2020 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

McLaren

MACOMB

1000 Harvington Blvd Mt Chemon, NE 48043 (786) 413-8000 Important Message from Medicare

Your Rights as a Hospital Inpatient

- W Pigr85 as a Prospeter ingueners. 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 Liverita at 1-488-524-9900 FTTY 1-488-685-6778. The GIO is the independent reviewer authorized by Medicare to inverse the decessin 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 staft witl inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

Additional Information (Optional):

Is there any needed documentation to add? Per instructions: Additional Information (Optional): This section provides space for additional performer information that may be useful to the beneficiary-investige. It may not be used as a Detailed Notice of Discharge, even if lacts performer to the termination decision are provided.

Pease sign below to indicate you received and understood this notice. I have been rothled of my rights as a hospital inpatient and that I may appeal my discharge by contacting my OID. Signature of patient representative: Date/Time

Unable to sign/Patient representative notified: Date/Time:
 Date/Time:
 Date/Time:

Spec Info: Please deliver to Case Management Dept on the 1st floor near in-pt pharmacy

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See page 2 of this notice for more information.	
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