

McLaren Print System Order

Order No: 68596
Order Date: 2022-03-25
User: Raynette K. Gaines
Phone: 586-255-4165

Ship Location: McLaren Macomb
!000 Harrington
Mt Clemens, MI 48043

Forms

Quantity: 500
Paragon Dept No: 12300-1175
Dept Name: Case Management
Company Number: 260

Order Total Price: 139.60

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



1000 Harrington Blvd Mt Clemens, MI 48043 (586) 493-8000

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. **Liveable at 1-888-524-9900 / TTY 1-888-565-8775.** 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.

Additional Information (Optional):

Is there any needed documentation to add?

Per INSTRUCTIONS: Additional information (Optional): This section provides space for additional pertinent information that may be useful to the beneficiary/employee. It may not be used as a Detailed Notice of Discharge, even if facts pertinent to the termination decision are provided.

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/Patient representative notified: _____ Date/Time: _____

Patient refused to sign: _____ Hospital Rep: _____ Date/Time: _____

Certified Mail Number: _____

Spec Info: Please deliver to Case Management office on 1st floor near IP pharmacy. Thank you!

According to the Revised Statutes Act of 1961, no person or person or agent or authorized representative of a health care provider or health plan may, for the purpose of this information collection, knowingly or intentionally collect, use, or disseminate information for a purpose other than that stated on the form. The use of this information collection for a purpose other than that stated on the form is prohibited. If you have any questions or need more information, please contact the person who provided this information collection or contact the Department of Health and Human Services, Office of Management and Enterprise Services, 1200 Pennsylvania Avenue, NW, Washington, DC 20503. (202) 690-6000.

See page 2 of this notice for more information.

