

McLaren Print System Order

Order No: 70228  
Order Date: 2022-06-03  
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/enrollee. 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 Dept on the 1st floor near in-pt pharmacy

According to the Revised Statutes Act of 1967, no person shall report or request a modification of information unless it affects a public health interest. The said 1967 statute applies to the information collection in 10065-IM. The law requires that specific information collection is considered a privilege of admission program, including the use of medical information, which is collected for the purpose of the information collection in 10065-IM. The law requires that specific information collection is considered a privilege of admission program, including the use of medical information for reporting the same, unless the information is used for a purpose of admission, and that specific information is not reported to the public.

See page 2 of this notice for more information.

CMS approval 10065-IM19  
Form CMS-10065-IM (Exp. 12/31/2022)

