

McLaren Print System Order

Order No: 70294 Reprint Previous Order No: 53895
Order Date: 2022-06-08
User: Amy Forsman
Phone: 248-338-5588

Ship Location: McLaren Oakland - 2SW Geri Psych Attn; Amy
50 N. Perry Street
Pontiac , MI 48342

Forms

Quantity: 5000
Paragon Dept No: 350
Dept Name: Geriatric Psychiatry
Company Number: 310

Order Total Price: 1314.00

Item Number: CMS-10065-IM (Oakland)
Item Description: Important Message from Medicare
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

How to Ask For an Appeal of your Hospital Discharge

- You must make your request to the QIO listed above.
Your request for an appeal should be made as soon as possible, but no later than your planned discharge date and before you leave the hospital.
The QIO will notify you of its decision as soon as possible, generally no later than 1 day after it receives all necessary information.
Call the QIO listed on Page 1 to appeal, or if you have questions.

If You Miss The Deadline to Request An Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on Page 1.
If you belong to a Medicare health plan: Call your plan at:

Table with 2 columns and 4 rows listing Medicare health plans and their contact numbers: Medicare Plus Blue, Blue Care Network, Molina Advantage, McLaren Health Plan, HAP Senior Plan, Humana Advantage, Priority Advantage.

For more information, call 1-800-MEDICARE (1-800-431-4225), or TTY: 1-877-486-2648. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call 1-800-MEDICARE or email: AltFormatRequest@cms.Mhs.gov.

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 or Representative _____ Date / Time _____

☐ Certified Mail Number: _____ Date / Time _____

According to the Privacy Rule, you have the right to request a correction of information about you... (small print text)

Form with fields for 'ds', 'ds-1', 'ds-2' and a signature line.