

McLaren Print System Order

Order No: 70754
Order Date: 2022-06-28
User: Raynette K. Gaines
Phone: 586-255-4165

Ship Location: McLaren Macomb Hospital
1000 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
Poster:
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 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.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital.
- 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/representative. 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: \_\_\_\_\_

Certified Mail Number: \_\_\_\_\_ Date/Time: \_\_\_\_\_

2nd BNM Discharge Start: \_\_\_\_\_ Date/Time: \_\_\_\_\_

According to the Revised Statutes, Act of 1981, no person is entitled to appeal a collection of information unless a display with 1000 copies is made. The user must make the information available to the public. The user must also provide the information collection a copy of the original. If you are unable to provide the information collection, you must provide the information collection to the appropriate authority. For more information, see the Department of Health, 1000 Harrington Blvd, Mt Clemens, MI 48043.

See page 2 of this notice for more information.

Spec Info: Please deliver to Case Management Dept on the 1st floor near in-pt pharmacy. Please contact Raye if you have any question