

McLaren Print System Order

Order No: 71699 Reprint Previous Order No: 53397
Order Date: 2022-08-11
User: Cherie Payne
Phone: 810-342-2375

Ship Location: Case Management Office 4S

Forms

Quantity: 2500
Paragon Dept No: 91570
Dept Name: Case Management
Company Number: 60

Order Total Price: 658.00

Item Number: CMS-10065-IM
Item Description: Important Message from Medicare
Revision Date: 5/2020
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



FLINT
1-810-342-2000 or 1-800-821-6517 Provider ID #23-8148
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 at: LVANTA 1-888-624-9906 or TTY 1-888-985-8775. 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.

See page 2 of this notice for more information.

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/representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Unable to sign/PI representative notified: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

2nd IMM Discharge Staff Initials: \_\_\_\_\_ Date/Time: \_\_\_\_\_

According to the Medicare Rules for 2020, all patients are required to sign a collection of information unless a doctor or other Medicare covered provider. The user must certify under penalty of perjury that the information collected is true and correct. The user must certify under penalty of perjury that the information collected is true and correct. If you are unable to sign, you must certify under penalty of perjury that you are unable to sign. If you are unable to sign, you must certify under penalty of perjury that you are unable to sign. If you are unable to sign, you must certify under penalty of perjury that you are unable to sign.

