

## **McLaren Print System Order**

Order No: 72987 Order Date: 2022-10-13 User: Raynette K. Gaines Phone: 586-493-8010

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 Harvington Blvd Nb Chemens, NE 48043 (786) 493-8000

## Important Message from Medicare

## Your Rights as a Hospital Inpatient

- Of Prigrate less or Programme Injurement.

  You can receive Medicare overred services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your dector. You have a right to know about these services, while will pay to them, and after 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 Liverita at 1-58-54-5904 TTV 1-588-585-5775. The QIO is the independent reviewer authorized by Medicans to review the decision to discribing 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 impatient hospital care, your doctor or the hospital staff will infurm 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 periment information that may be useful to the beneficial primordee. It may not be useful to the Motion of Discharge, even if facts pertners 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 impatent and that I may appeal my decharge by contacting my QIO

Signature of patient representative:

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

See page 2 of this notice for more information.

OMB approval 0696-1019 Form-CMS 10060-M (Exp. 12/31/2002)