McLaren Business Products

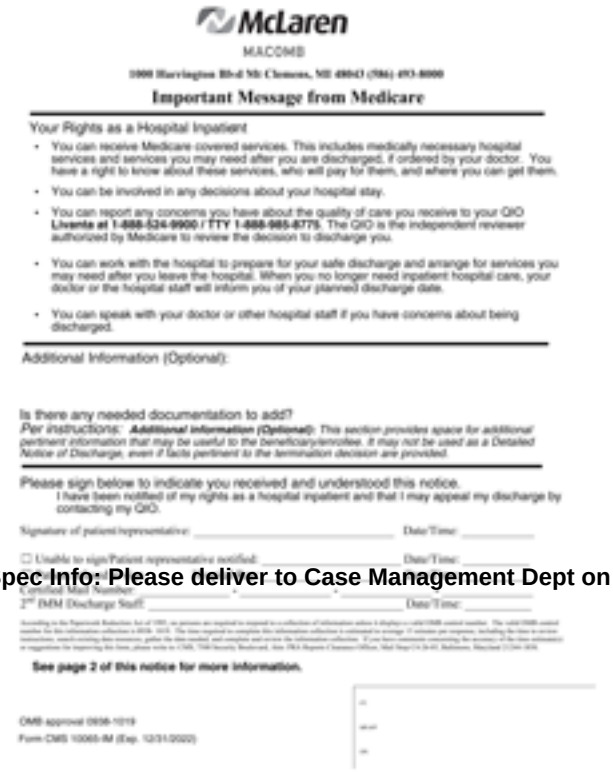
**McLaren Print System Order**

**Order No: 73463**
**Order Date: 2022-11-04**
**User: Raynette K. Gaines**
**Phone: 586-493-8010**

**Ship Location: McLaren Macomb Hospital**
**1000 Harrington**
**Mt Clemens , MI 48043**
**Forms**
**Quantity: 1000**
**Paragon Dept No: 12300-1175**
**Dept Name: Case Management**
**Company Number: 260**

**Order Total Price: 264.00**

**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**



McLaren
MACOMB
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 **Livanta at 1-888-524-9900 / 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.

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: _____

Contact Info: Number _____ - _____ - _____

2nd IMM Discharge Staff: _____ Date/Time: _____

**See page 2 of this notice for more information.**

OMB approval 0938-1019
Form CMS 10065-IM (Exp. 12/31/2022)

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