

McLaren Print System Order

Order No: 75327 Order Date: 2023-02-16 User: Raynette K. Gaines Phone: 586-493-8010

Ship Location: McLaren Macomb Hospital **1000 Harrighton** Mount 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

心 McLaren

MACOMB

1000 Harvington Blvd Mr Chemens, MI 48043 (586) 493-8000 Important Message from Medicare

Your Rights as a Hospital Inpatient

- Of Prights are increased and increased envices. This includes medically necessary hospital services and services you may need after you are discharged, if ordened by your doctor. You have a right to know adout these services, while will pay for 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 nonive to your QIO Liveral at 1-388-324-3900 (TTY 1-388-485-8778, The GIO is the independent reviewer authorized by Medicare to enview 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 addition perform reference for many be useful to the beneficiary/involve. It may not be useful as a Details Notice of Discharge, even if lacts performer to the termination decision are provided.

Please sign below to indicate you received and understood this notice. There been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO Date/Time

Signature of patient hypersentative:

Spec Info: Please deliver to Case Management Dept on the 1st floor near in-pt pharmacy. Please contact Raye 586-493-8010 if you have

IMM Discharge Staff. Date ne - ale 188 anna anta da la ale 188 anna 1971 - Alexandra e agente de la de la compositione anna de la compositione de la compositione the Paperson Roberton Act of See page 2 of this notice for more information.

OMB approval 0806-1019 Form-CMB 10060-IM (Exp. 12/31/2022) ----