

McLaren Print System Order

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心 McLaren

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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 stary.
- You can report any concerns you have about the quality of care you receive to your QIO at: LIVANTA 1-888-524-9909 or TTY 1-888-495-4775. 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 amange for services you may need after you isave the hospital. When you no longer need inputient hospital care, your doctor or the hospital staff will inform you if your parened 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 a discharge by contacting my QIO. | is a hospital inpatient an | d that I may appeal my |
|--|---|---|
| Signature of patient/representative: | | Cele/Time: |
| Unable to sign/Pt. representative notif | ed | Oste/Time: |
| Certified Mail Number: | · | · |
| 2 rd IMM Discharge Staff Initials | Date/Time | |
| Accellan e de Agencial Relación for el 1985 ao genera de regulari 1988 cuito cuinte fectos admenias estaciones 498, 1987. Nos actuales de sua cortes mentenes autó cuinta para cuintante de acortes esta forma cuintante el argundan formativa de acortes esta de acortes esta para las cuintantes de acortes estas consecutivas en argundan for ingening Nagri 18.8 el Baltacia, Nações 1988. UNI | a mailer a coupler. No otherwards other | tere a contrast of a compare of another per experime. |

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Form DMS 10065-M (Exp. 12/31/2522) OMB approval DE56 1019