# PATIENT HANDBOOK





**DOING WHAT'S BEST.**®



### HELLO, AND WELCOME TO McLAREN PORT HURON

On behalf of our employees, physicians and volunteers, thank you for choosing McLaren Port Huron for your health care needs. We are dedicated to providing you with the highest quality patient care along with excellent, compassionate customer service.

This handbook provides you and your family with information to make your stay as comfortable as possible. If you have any questions or concerns about your care during your stay, please talk to a member of our staff, ask to see our patient representative or contact them at 810-989-3565.

Thank you for choosing McLaren Port Huron, and please accept our best wishes for your good health.

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# GENERAL INFORMATION

### **Visiting Hours & Guidelines**

McLaren Port Huron promotes and supports a patient- and family-centered approach to care and recognizes the importance of involvement of family and significant others in the patient care process while also maintaining a safe and secure environment. Patients have the right to receive visitors of their choice, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member or a friend.

In response to the outbreak of COVID-19 and recommendations of both the CDC and state of Michigan, McLaren Port Huron may have restrictions on visitation to help minimize health risks to our patients, staff, visitors and community. For current hospital visitor guidelines and safety practices, please visit **www.mclaren.org/phpatients**.

Please note: For the safety of our youngest and most critical patients, Pediatrics, the Miriam F. Acheson Family Birth Place, and ICU are secured units. An intercom is located at the entrance of each unit. You will be asked to give the name of the patient you are visiting and may also be asked to identify yourself before being given access to the unit. These units also have visitor guidelines specific to the unit.

### **Cell Phone Use and Videotaping**

Cell phone use is permitted in most areas of the hospital. To protect the privacy of our patients, visitors and employees, the use of cell phones to record audio or video is not allowed.

### **Dining and Refreshments**

The Grove Café, located near the North Lobby, is open seven days a week. The Skylight Café, located near the Main Entrance, is open weekdays. (The Skylight Café accepts debit/credit cards with a \$5 minimum purchase.) Visit **www.mclaren.org/phvisitors** for current hours of operation.

### **Gift Shop**

The McLaren Port Huron Auxiliary Gift Shop is located in the North Lobby. Flowers, gifts, cards, magazines and sundries are available.

### **Hunter Hospitality House**

Located just steps away from McLaren Port Huron, Hunter Hospitality House provides free lodging for families of hospitalized patients. Amenities include sleeping accommodations, a fully stocked kitchen, laundry facilities, bath/shower amenities and reserved parking at the hospital.

For more information, talk with your nurse or visit **www.hunterhospitalityhouse.com**. For reservations, contact Hunter Hospitality House: Monday – Friday, 9 a.m. – 5 p.m., 810-824-3679

### Restrooms

Restrooms located within patient rooms are for patient use only. Visitors should use restrooms in public areas of the hospital. All gender restrooms are located throughout the hospital.

### **Smoking Policy**

McLaren Port Huron is a smoke-free campus. All buildings and outside locations are smoke-free areas.

### **Calling Your Nurse**

A button to call your nurse is located at your bedside. A nurse or nurse aide will answer your call as soon as possible.

### Calling the A Team (Assessment Team)

The A Team is McLaren Port Huron's rapid response team. Anyone may activate the A Team – the patient's caregivers, family members or visitors. Calling the A Team is the equivalent of calling 911.

Follow these steps:

- Call extension 62555.
- The person answering extension 62555 will ask you the room number and situation.
- The A Team is activated and will respond within minutes.

### **Comment on My Care**

Many of our patients and their families wish to express gratitude for the care they received at McLaren Port Huron. You can show your appreciation in several ways:

- Send a note of thanks Thank your nurse, doctor or other staff member by sending a note via our website. Every thank you is forwarded to hospital leadership as well as the person or department for which it is intended. Visit www.mclaren.org/phpatients and choose "Comment on My Care" from the quick links section on the right.
- **High Five** Recognize any staff member who provides you with outstanding service with a High Five. Staff members who receive a High Five are recognized by their manager. Complete the High Five form (available from your nurse) and turn in to any reception desk throughout the hospital.
- DAISY Award –Are you thankful for the care of a special nurse? Nominate an extraordinary nurse for a
  DAISY Award, an international recognition program that honors and celebrates the skillful,
  compassionate care nurses provide everyday. Nomination forms are available throughout the hospital or
  online at www.mclaren.org/mphDaisy.

### **Comparing Observation Status to Inpatient Status**

Insurance companies provide payment for the care and services that are provided to you while you stay with us. We bill the insurance provider that you specified during your registration process. We bill for your care as either an observation status or an inpatient status depending on the severity of your illness and the intensity of your treatment. It is important for you to know whether you are in an observation status or an inpatient status because your insurance company pays differently for each. Observation is typically paid on the outpatient coverage side of your insurance where co-pays and deductibles tend to be higher.

If you are a Medicare patient and planning to go to a skilled nursing facility, Medicare requires an appropriate and authorized three-day acute inpatient stay for you to qualify. You must also be authorized by the skilled nursing facility of your choice be requiring a skilled nursing need.

If you have questions about whether you are currently under inpatient or outpatient services or think you need a skilled nursing facility at discharge, please ask your case manager or dial extension 62645 and your call will be directed appropriately.

### **Fall Prevention Education**

McLaren Port Huron assesses all patients for their risk of falling, and safety measures are put in place to keep patients safe. Such safety measures include wearing non-slip socks, using assistive devices when ambulating, and requesting assistance before getting up from the bed or chair. Patients who are taking certain medications, who have an IV or who have been in bed for a long period are at higher risk for falling.

Falls can cause bone fractures or other significant injuries that can impair function and possibly increase the length of stay in the hospital. Always ask your nurse for assistance when needed to decrease your risk of falling.

### **Safety Measures to Prevent Falls:**

- Use the call light to ask for assistance before getting out of bed. Staff is here to assist you with getting in and out of bed. Please do not get out of bed without assistance.
- Blood pressure drops when standing up too quickly and may cause you to fall. After lying down or bending over for a period of time, wait a few minutes before standing. Avoid quick, sudden movements and change positions slowly and carefully to reduce your risk for falling.
- Some medications may cause you to feel dizzy or light-headed. It is important that you know about the medications you are taking and communicate with your physician or nurse if you experience these symptoms. Any time you feel dizzy, weak or light-headed, communicate with your nurse and ask for assistance.
- ALWAYS tell your nurse or physician if you have fallen recently. Frequent falls may indicate other health problems that need to be addressed and evaluated.

It is very important that you understand these safety measures and communicate openly with your physician/nurse about how you are feeling. Ask your nurse what puts you at risk for falling.

### **Fire Safety**

Fire drills are done regularly. If you hear the fire alarm, please stay in your room. The door of your room will be closed until each area of the hospital is checked. In case of actual fire, staff will tell you what to do.

### Language Line Services

Language Line services are available to our patients and families who do not speak English or have limited English language proficiency. If you need a translator, please let us know. We will use all available resources to assure accurate communication and comprehension for you and your family. The hospital has access to interpreters for a number of foreign languages. Contact your nurse for more information.

### **My McLaren Chart**

Secure, online access to your medical information is available through My McLaren Chart. You can review your health information electronically, at any time, from your computer, tablet or smart phone device.

The patient portal can be used to view:

- Lab results
   Radiology results after 72 hours
   Health summary
   View upcoming appointments
   Reports after 72 hours
- For assistance with My McLaren Chart, visit www.mclaren.org/phhis or send an email to contactmph@mclaren.org with the subject "MyMcLaren Chart."

### Our Commitment to Patient Safety and Healing Every Step of the Way

We care about your health after you leave our care and want to hear how you are feeling after your hospital stay. Three days after your discharge, you will receive an automated phone call asking about your recovery. The phone call will last approximately two minutes. Your participation and feedback will help enhance our quality of care for future visits. If any of your responses trigger an alert indicating that additional follow-up is needed, we will contact you quickly to resolve any clinical and/or service concerns.

### **Pain Control**

An illness or injury can cause moderate or severe pain. Our doctors and nurses will work with you to help prevent or relieve pain. When your pain is in control, you can:

- Heal faster
- Begin walking and doing breathing exercises so you can get your strength back faster
- Improve your results. People whose pain is well controlled seem to do better and may even avoid problems such as pneumonia and blood clots.

We ask that you help your doctors, nurses and other staff to measure your pain. Pain can be a sign of problems. Don't worry about being a "bother." The doctors and nurse need and want to know about any pain you have.

### **Patient Concerns**

If you have concerns about the care you are receiving, please call our patient representative at 810-989-3565.

### **Personal Items**

Please do not keep valuables like jewelry, credit cards or large amounts of cash with you. Please send these items home with family or friends if possible. We also encourage you to keep track of personal items such as dentures, eyeglasses and hearing aids. Be sure to put these items in a safe place rather than on a meal tray or other area in which the items may accidentally be thrown away. McLaren Port Huron is not responsible for the loss of money, personal items or other valuables.

### **PIN Number**

Most patients are assigned a Personal Identification Number (PIN). This number is to be used by your family when calling for an update about you.

### **Requesting Medical Records**

To request your medical record, please contact Release of Information Services at 810-989-3127. Release of Information Services is located near the main entrance and is open Monday – Friday, 8 a.m. – 4 p.m. Medical records can also be requested online at **www.mclaren.org/phhis**. To request release of medical information contact Release of Information Services at 810-989-3127.

### **Spiritual Care**

McLaren Port Huron offers an all faiths chapel, a quiet place for prayer and reflection, located near the North Lobby. The chapel is open for patients, family and staff 24 hours every day. Clergy of all religions are welcome to visit patients at any time.

### **Telephone Services**

Telephone service is available in your room. To make a local call outside the hospital, dial "9", then the phone number. Long distance calls must be paid for at the time the call is made. To make a long distance call, dial "9" then "0" to be connected with an operator who will provide you with several options for payment. To make a call within the hospital, dial the five-digit extension of the department you would like to reach, or dial "0" to be connected with the hospital switchboard.

### **Television**

Televisions are provided in patient rooms. There is no charge for this service. If you have difficulty with your television, please contact your nurse or nurse aide.

### **Wireless Internet**

Complimentary wireless internet access is available 24 hours a day throughout the hospital. Click on **McLaren Guest** to connect to the wireless network.

### Walgreens Pharmacy at McLaren Port Huron

The Walgreens Pharmacy at McLaren Port Huron offers outpatient pharmacy services, including:

- Refills available at any Walgreens location
- Balance Rewards that allow you to save, earn and redeem points in store and online
- Immunizations
- Convenient ways to refill your prescription, including by phone, online, through automatic refills, or Refill by Scan with the Walgreens free mobile app
- ExpressPay to automatically and securely bill your prescriptions to a credit or debit card

For more information on these and other services, contact Walgreens at 810-989-3455.

### **Bedside Delivery Program**

Walgreens offers bedside delivery of discharge medications as a free service. This service allows you to get the medications you will need upon discharge delivered to your room at no extra charge. Just tell your nurse you'd like to fill your prescription with Walgreens, and your nurse will handle the rest.

### Hours:

Monday – Friday, 7 a.m. – 7 p.m. Saturday, 9 a.m. – 5 p.m. Closed Sunday We consider you a partner in your care. It is important for you to be well informed, to participate in treatment decisions, and to communicate openly with your doctor and the other health care professionals involved in your care. We respect you as an individual. We recognize your rights as a patient, as well as your responsibilities, and we list them here for your convenience. These Rights and Responsibilities extend to all patients, to children through their parents, guardians, or other authorized surrogate decision-maker; and to any other patient who is incapacitated or otherwise unable to exercise his or her rights through the person who is the rightful decision-maker for that patient.

### While you are a patient in the hospital or clinic, your rights include:

- 1. You have the right to considerate and respectful care. You will not be discriminated against on the basis of your race, religion, color, national origin, sex, age, height, weight, disability, marital status, financial status, sexual orientation, gender identity or expression, or source of payment.
- 2. You have the right to free interpreter services if you do not speak or understand English or are hearing impaired. You also have the right to have your medical information given to you in your preferred language.
- **3.** You have the right to have your physician and a family member or representative of your choice promptly notified of your admission to the hospital.

You also have the right to have a person of your choice be with you during your hospitalization to provide emotional support, unless their presence infringes on others' rights, compromises safety, and/or is medically or therapeutically contraindicated. The person you choose can be a spouse, a domestic partner (including a same sex domestic partner), another family member or a friend. This person does not have to be your surrogate decision maker or legally authorized representative.

- **4.** You have the right to expect staff to be concerned about your report of pain and to respond promptly to it. You can expect to receive information about pain and pain relief.
- 5. You have the right to receive adequate and appropriate care, and to receive, from the appropriate individual within the facility, information about your medical condition, proposed course of treatment, and prospect for recovery, in terms you can understand and in your preferred language, unless medically contraindicated by your physician as documented in your medical records.
- **6.** You have the right to refuse treatment to the extent permitted by law, and to be informed of the consequences of that refusal.
- 7. You have the right to have an Advance Directive, such as a Durable Power of Attorney for Health Care, a Living Will, or another similar document. You have the right to designate a Healthcare Agent to make health and personal care decisions on your behalf in the event you cannot make the decision independently. Examples of healthcare agents include a spouse, a domestic partner

(including a same sex domestic partner), parent or other trusted person who understands your health and personal care wishes.

- 8. You are entitled to privacy, to the extent feasible, in treatment and in caring for your personal needs with consideration, respect, and full recognition of your dignity and individuality. You are entitled to confidential treatment of your personal medical records, as permitted under the Health Insurance Portability And Accountability Act of 1996, Public Law 104-191, or regulations promulgated under the act, 45 CFR parts 160 and 164.
- **9.** You have the right to inspect, or receive for a reasonable fee, a copy of your medical records upon request. A third party will not be given a copy of your medical record without your prior authorization.
- **10.** You are entitled to know who is responsible for and who is providing your direct care. You are entitled to receive information concerning your continued health needs and alternatives for meeting those needs, and to be involved in your discharge planning, if that is appropriate. If transfer to another hospital or clinic is recommended or requested, you will be informed of the risks, benefits, and alternatives, and you will not be transferred unless the other provider agrees to accept you.
- **11.** You have a right to know if your provider has relationships with outside parties that may affect decisions about your treatment or where that treatment takes place.
- **12.** You have the right to information concerning experimental procedures that may be proposed as a part of your care. You have the right to refuse to participate in the experiment without jeopardizing your continuing care.
- **13.** You have a right to exercise your rights as a patient and as a citizen, and may present grievances or recommend changes in policies and services on behalf of yvourself or others to the hospital or clinic staff, to government officials, or to another person of your choice within or outside the facility, and to be free from restraint, interference, coercion, discrimination or reprisal. You are entitled to information about resources, such as patient representatives or ethics committees, which are available to help you resolve problems or answer questions about your situation or your care.

- **14.** You have the right to associate with and have private communications and consultations with your physician, attorney, or any other person you choose, and to send and receive personal mail, unopened on the same day it is received at the hospital or clinic, unless medically contraindicated as documented by your physician in your medical record. Your civil and religious liberties, including the right to independent personal decisions and the right to knowledge about available choices, will not be infringed upon. You have the right to meet with and participate in the activities of social, religious, and community groups at your discretion, unless medically contraindicated as documented by your physician in your medical record.
- **15.** You are entitled to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized in writing by your physician for a specified and limited time, or those that are necessitated by an emergency to protect you or another patient from injury to yourself or others, in which case the restraint may only be applied by a qualified professional who will document the circumstances requiring use of the restraint and who will promptly report implementation of the restraint to your physician. In the case of a chemical restraint, your physician will be consulted within 24 hours after it is initiated.
- **16.** You have the right to be free from performing services for the hospital or clinic that are not included for therapeutic purposes in your plan of care.
- **17.** You have the right to information about hospital rules and regulations affecting patient care and conduct.
- **18.** Your are entitled to receive and examine an explanation of your bill regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the hospital.
- 19. You have the right to file a complaint or grievance through the following individuals or entities: Patient Representative Office at 810-989-3565; Livanta Medicare Quality of Care Compliance at 888-524-9900; Department of Licensing & Regulatory Affairs, Bureau of Community and Health Systems-Health Facilities Complaints, PO Box 30664, Lansing, MI 48909 or 800-882-6006; Joint Commission at 800-994-6610 or www.jointcommission.org/report\_a\_complaint.aspx. The voicing of a complaint or grievance by a patient or family member will never compromise your current or future access to quality care at the hospital or clinic.

#### You have responsibilities as a patient:

- **1.** You are responsible for following the hospital or clinic rules and regulations affecting patient care and conduct.
- **2.** You are responsible for providing a complete and accurate medical history.
- **3.** You are responsible for making it known whether you clearly comprehend the contemplated course of action and the things you are expected to do.
- **4.** You are responsible for following the recommendations and advice prescribed in a course of treatment by your physician, and for informing your physician if you are unwilling to follow through with the recommended treatment.
- **5.** You are responsible for providing information about unexpected complications that arise during an expected course of treatment. This means you are responsible for informing your physician if you are experiencing complications or other unexpected effects.
- **6.** You are responsible for providing your advance directive, if you have one, to your physician, the hospital or clinic at the time you seek care. You should also provide a copy of it to your family.
- 7. You are responsible for being considerate of the rights of other patients and of health facility personnel and property.
- 8. You are responsible for providing the hospital or clinic with accurate and timely information concerning your sources of payment and your ability to meet financial obligations.
- **9.** You should anticipate asking questions about pain management and discussing pain relief options with your doctor and nurse, and working with them to develop a pain management plan that is effective for you.
- **10.** Your health depends not just on your care, but also on the decisions you make in daily life. You are responsible for recognizing the effect of lifestyle choices on your personal health.

If you have any issues with the care or services you are receiving, contact the patient representative for McLaren Port Huron at the number listed below to discuss your issues. We strive to meet your individual needs, whether physical, psychological, social, spiritual or cultural.

McLaren Port Huron — 810-989-3565

# DISCRIMINATION IS AGAINST THE LAW

McLaren Port Huron complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, religion, color, national origin, sex, age, height, weight, disability, marital status, financial status, sexual orientation, gender identity or expression, or source of payment.

McLaren Port Huron:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters or written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and/or information written in other languages.

#### If you need these services, contact our patient representative at 810-989-3565.

If you believe that McLaren Port Huron has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

#### Patient Representative Office: 810-989-3565

You may file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the patient representative is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov** or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: https://www.hhs.gov/ocr/complaints

### ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (810) 989-3565.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 810-989-3565

## PATIENT SAFETY

You, as the patient, can play a vital role in assuring your own safety by becoming an active, involved and informed participant in your health care.

### **Ask Questions**

- Speak up if you have concerns. It's OK to ask questions and to expect answers you can understand.
- Choose a physician who you feel comfortable talking to about your health and treatment.
- Don't be afraid to ask about safety.
- Don't be afraid to tell your nurse or doctor if you think you are about to receive the wrong medication or you think they have confused you with another patient.
- Notice whether your caregivers have washed their hands or used the alcohol hand cleaner. Hand hygiene
  is the most important way to prevent the spread of infections. Don't be afraid to gently remind a doctor or
  nurse to do this.

### **Medications**

- Keep a list of all medications you take.
- Tell your doctor and pharmacist about any drug allergies you have as well as all the medicines you take, including over-the-counter medicines, supplements and herbs.

### **Test Results**

- Make sure you get the results of all tests and procedures.
- Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan. A resource to assist you is www.labtestonline.org, a public resource on clinical lab testing from the laboratory professionals who do the testing.
- Thoroughly read all medical forms and make sure you understand them before you sign anything. If you don't understand something -- ask your doctor.

### Advocate

- Ask a trusted family member or friend to be with you and to be your advocate.
- Consider creating a Durable Power of Attorney for Health Care document. Contact your nurse for more information.

### **Active Involvement in Care**

- Participate in all decisions about your treatment. You are the center of your health care plan.
- You and your doctor should agree on what will be done during your treatment.
- Know who is caring for you.
- Share as much as possible about your health with your caregivers.
- If you have vision, speech, hearing or mental impairment, ask that medical information be given to you in a manner that meets your needs.

### ADVANCE DIRECTIVE

### **Information for Patients**

McLaren Port Huron will honor the medical treatment decisions (written or verbal) made by a patient and/or the patient's representative after consultation with a physician, providing that decision is in the withholding and withdrawing of all forms of medical treatment, including for example, ventilators, medically provided nutrition/hydration and antibiotics. Measures needed to ease pain and provide comfort to the patient will always be provided even if a decision has been made to withhold or withdraw other forms of medical treatment.

Under Michigan law, you have the right to an advance directive, which is a written document that states what your wishes are concerning future medical care, especially lifesaving medical treatment, in the event you are unconscious or otherwise unable to speak or express your wishes. This document is completed and signed when you are competent and able to communicate your wishes to your family, friends and physician. Written forms of advance directives are usually called "Durable Power of Attorney for Health Care" or a "Living Will." In a Durable Power of Attorney for Health Care, you can make certain your wishes are carried out in the event you cannot speak or are unable to communicate your care treatment choices to your doctor or health care providers. A Living Will is a document that lets you leave written instructions about the kinds of medical treatment you would or would not want to receive, but does not give anyone the authority to speak on your behalf. The Durable Power of Attorney for Health Care is the preferred type of advance directive in Michigan.

Decisions you may want to discuss in your advance directive:

- Do you want medical treatment if you stop breathing or if you have no heartbeat?
- Do you want to be fed through a tube if you cannot eat on your own?
- Do you want to be given blood when it is needed?
- Do you want to be placed on a breathing machine?

Your advance directive will designate a person to make health and personal care decisions on your behalf in the event you cannot make the decision independently. Examples of healthcare agents include a spouse, a domestic partner (including a same sex domestic partner), parent or other trusted person who understands your health and personal care wishes.

If you already have an advance directive, please bring a copy with you when you come to the hospital. Remember to update your existing advance directive if your advocate and/or treatment choices change.

### **Further Information**

Additional advance directive information, including forms you can complete, can be provided to you at any time during your hospital stay. To obtain advance directive information, please call the patient representative office, extension 83565, or the medical social work department, extension 62300, or ask the nurse providing your care.

### \*The existence or lack of an advance directive does not affect your ability to access care. No one can condition your care or discriminate against you in any way because you do or do not have an advance directive.

### Your Rights as a Hospital Patient

- You have the right to receive necessary hospital services covered by Medicare, or covered by your Medicare Health Plan ("your plan") if you are a plan enrollee.
- You have the right to know about any decisions that the hospital, your doctor, your plan, or anyone else makes about your hospital stay and who will pay for it.
- Your doctor, your plan, or the hospital should arrange for services you will need after you leave the hospital. Medicare or your plan may cover some care in your home (home health care) and other kinds of care, if ordered by your doctor or by your plan.

### Your Hospital Discharge and Medicare Appeal Rights

**Date of discharge:** When your doctor or plan determines that you can be discharged from the hospital, you will be advised of your planned date of discharge. You may appeal if you think that you are being asked to leave the hospital too soon. If you stay in the hospital after your planned date of discharge, it is likely that your charges for additional days in the hospital will not be covered by Medicare or your plan.

**Your right to immediate appeal without financial risk:** When you are advised of your planned date of discharge, if you think you are being asked to leave the hospital too soon, you have the right to appeal to your Quality Improvement Organization (also known as a QIO). The QIO is authorized by Medicare to provide a second opinion about your readiness to leave. You may call Medicare toll-free, 24 hours a day, at 1-800-MEDICARE (1-800-633-4227), or TTY/TTD: 877-486-2048, for more information about asking your QIO for a second opinion. If you appeal to the QIO by noon of the day after you receive a non-coverage notice, you are not responsible for paying for the days you stay in the hospital during the QIO review, even if the QIO disagrees with you. The QIO will decide within one day after it receives the necessary information.

**Other appeal rights:** If you miss the deadline for filing an immediate appeal, you may still request a review by the QIO (or by your plan, if you are a plan enrollee) before you leave the hospital. However, you will have to pay for the costs of your additional days in the hospital if the QIO (or your plan) denies your appeal. You may file for this review at the address or telephone number of the QIO (or your plan).

### McLAREN PORT HURON SERVICES

Main Line	810-987-5000
Bariatric Center of Michigan	810-989-3328
Center for Sleep Medicine	810-385-9961
Childbirth Education	810-989-3199
Demashkieh Women's Wellness Place	810-985-2663
Emergency Center	810-989-3300
Employment/Human Resources	810-989-3108
Foundation	810-989-3776
HealthAccess	800-228-1484
Health Information (Medical Records)	810-989-3142
Industrial Health 1644 Stone Street	810-982-8016
Laboratory	810-989-3285
Marwood Nursing and Rehab 1300 Beard Street	810-982-9500
Miriam F. Acheson Family Birth Place Patient	810-987-5000
Billing	810-989-6001
Physical Therapy	
Port Huron 3504 Pine Grove Avenue	810-385-5531
Lexington 5730 Main Street	810-359-8193
Marysville 3350 Gratiot	810-364-1230
-	
VA Clinic – Yale	810-387-3211
Volunteer Services	810-989-3184
Walgreens Pharmacy	810-989-3455
Wound Healing	810-989-3330
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**f** McLarenPortHuron

@McLarenPH



**DOING WHAT'S BEST.**<sup>®</sup>

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1221 Pine Grove Ave. Port Huron, MI 48060

810-987-5000 www.mclaren.org/ph