

McLaren Print System Order

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User: Cherie Payne
Phone: 810-342-2375

Ship Location: Case Management Office 4S

Forms

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Dept Name: Case Management
Company Number: 60

Order Total Price: 27.92

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Item Description: Important Message from Medicare
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1-810-342-2000 or 1-800-821-6517 Provider ID #23-8148

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 at: LVANTA 1-888-624-9906 or 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.

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 as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Signature of patient/representative: _____ Date/Time: _____

Unable to sign/PL representative notified: _____ Date/Time: _____

Certified Mail Number: _____

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

According to the Medicare Rules for 2020, we provide you options to request a collection of information or a change in your 1995 consent number. The user must submit requests for the information collection to 800-877-8339. We also request you complete the information collection to request a change in consent number. For more information, visit www.medicare.gov. If you are unable to complete the information collection, you may contact the Medicare office for the facility where you are a patient. We request you complete the information collection by the date indicated on the notice. If you are unable to complete the information collection, you may contact the Medicare office for the facility where you are a patient. We request you complete the information collection by the date indicated on the notice. If you are unable to complete the information collection, you may contact the Medicare office for the facility where you are a patient. We request you complete the information collection by the date indicated on the notice.

