McLaren Oakland

50 N. Perry St Pontiac, MI 48342 248-338-5600

Detailed Notice of Discharge

Date:	
Patient name:	Patient number:
determined Medicare coverage for you	n of why your hospital or Medicare health plan has ir hospital stay should end. This notice is not the non your appeal will come from your Quality
We have reviewed your case and deci should end.	ded that Medicare coverage of your hospital stay
The facts used to make this decision	on:
Detailed explanation of why your h Medicare coverage rules and policy	nospital stay is no longer covered, and the specific y used to make this decision:
Plan policy, provision, or rationale	used in making the decision (health plans only):
If you would like a copy of the policy or coverage guidelines used to make this decision, or a copy of the documents sent to the QIO, please call us at: McLaren Oakland Case Management @ 248-338-5600.	

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1019. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



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Form CMS 10066-DND