

McLaren Print System Order

Order No: 79126
Order Date: 2023-09-01
User: Raynette K. Gaines
Phone: 586-493-8010

Ship Location: McLaren Macomb Hospital
1000 Harrington BLvd
Mt Clemens, MI 48043

Forms

Quantity: 100
Paragon Dept No: 12300-1175
Dept Name: Case Management
Company Number: 260

Order Total Price: 27.92

Item Number: CMS 10066 (Macomb)
Item Description: Detailed Notice of Discharge
Revision Date: 03/2023
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; black; 2 part; instructions on back of page 1 only



MACOMB

1-586-493-8000

Detailed Notice of Discharge

Date: _____

Patient Name: _____ Patient Number: _____

This notice gives a detailed explanation of why your hospital or Medicare health plan has determined Medicare coverage for your hospital stay should end. This notice is not the decision on your appeal. The decision on your appeal will come from your Quality Improvement Organization (QIO).

We have reviewed your case and decided that Medicare coverage of your hospital stay should end.

- The facts used to make this decision:

- Detailed explanation of why your hospital stay is no longer covered, and the specific Medicare coverage rules and policy 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 you, please contact the Quality Improvement Organization (QIO) at the address below. You can also request a copy of the documents by calling the CM main office on the first floor near IP pharmacy. Contact Raye, CM Assist at 586-493-8010 if you have any questions.

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](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), 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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| PT. |
| MR./RN. |