McLaren
MACOMB

1000 Harrington Blvd. • Mount Clemens, MI 48043 • Phone: (586) 493-8000

Hospital Issued Notice of Non-Payment – Noncovered Stay

Name of Patient or Representative

Identification Number

The purpose of this notice is to inform you that we believe your continued hospital stay will not be paid for by Medicare because:

Your discharging physician and your QIO (Livanta) have determined that you are no longer receiving acute hospital appropriate and/or medically necessary inpatient services.

Based on our understanding of Medicare policy, we believe that beginning on

_____ you will be responsible for payment of your continued stay.

Beginning on this date, you or your other insurance may have to pay for your continued stay.

We estimate the cost of your continued stay to be:

$1350.00 Per Day

You should talk with your physician about your health care needs, including your continued stay.

You can ask us to file a Medicare claim for your continued stay. You will receive a Medicare Summary Notice (MSN) telling you Medicare's payment decision on this claim, and how to ask for an appeal of that decision if Medicare does not pay. If you appeal and Medicare decides to pay despite our opinion, any charges we collected (minus co-pays and deductibles) will be refunded to you. If you have questions you can call **1-800-MEDICARE** (1-800-633-4227/**TTY**: 1-877-486-2048).

This notice is not an official Medicare decision. Your signature below only shows that you have received this notice and understand what you have to pay for. You will receive a copy of this notice.

Signature of Beneficiary or Representative

Date