

McLaren Print System Order

Order No: 88229  
Order Date: 2024-09-17  
User: Raynette K. Gaines  
Phone: 5864938010

Ship Location: McLaren Macomb  
1000 Harrington  
Mount Clemens, Michigan 48043

Forms  
Quantity: 100  
Paragon Dept No: 12300-1175  
Dept Name: Case Management  
Company Number: 310

Order Total Price: 3.35

Item Number: OAK-043  
Item Description: NONCOVERED CONTINUED STAY  
Revision Date: 09/2024  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Poster:  
Misc Info: SS, Black



McLaren Oakland, 50 North Perry Street, Pontiac, MI 48342 • Phone: (248) 538-6000

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:  
\$1300.00 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 Statement 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 (1-800-635-6227; TTY: 1-877-496-2048).

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

Spec Info: Please deliver to Case Management main office. Thank you.