

**McLaren Print System Order**

**Order No: 90989**  
**Order Date: 2024-12-19**  
**User: Peggy Fritz**  
**Phone:**

**Ship Location: 2110 16th St**  
**Bay City, MI 48708**

**Form**  
**Quantity: 100**  
**Paragon Dept No: rzjm78**  
**Dept Name: Home Health**  
**Company Number:**

**Order Total Price: 3.35**

**Item Number: MHG-313-BAY HOM**  
**Item Description: CMS-10124-DENC Homecare Bay**  
**Revision Date: 02/2019**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Poster:**  
**Misc Info: 8.5x11 Black SS**



2110 16th St, Ste. 7, Bay City, MI 48708 | (989) 667-2320 | mclaren.org/homecare

**Detailed Explanation of Non-coverage**

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_ Patient number: \_\_\_\_\_

This notice gives a detailed explanation of why your Medicare provider and/or health plan has determined Medicare coverage for your current services 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 current home health care services should end.

• The facts used to make this decision:

\_\_\_\_\_  
\_\_\_\_\_

**Spec Info: Original Poster, Size**

• Detailed explanation of why your current services are no longer covered, and the 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 (989) 667-2320.