

McLaren Print System Order

Order No: 43081
Order Date: 2019-02-25
User: Sateesha Poplar
Phone: 810-342-2375

Ship Location: 4 South McLaren Flint
Case Mangement Department 4 south
Flint , MI 48532

Forms

Quantity: 100
Paragon Dept No: 91570
Dept Name: Case Management
Company Number: 60

Order Total Price: 12.05

Item Number: CMS 10066
Item Description: Detailed Notice of Discharge
Revision Date: 7/2010
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Misc Info:

Patient Name: _____ OMB Approval No. 0938-0019
Patient ID Number: _____ Date Issued: _____
Physician: _____

McLaren Flint
401 S. Balconge Hwy., Flint, MI 48532
Phone: (810) 342-2375 TTY: (810) 342-2304

Detailed Notice Of Discharge

You have asked for a review by the Quality Improvement Organization (QIO), an independent reviewer hired by Medicare to review your case. This notice gives you a detailed explanation about why your hospital and your managed care plan (if you belong to one), in agreement with your doctor, believe that your inpatient hospital services should end on _____. This is based on Medicare coverage policies listed below and your medical condition.

This is not an official Medicare decision. The decision on your appeal will come from your Quality Improvement Organization (QIO).

• Medicare Coverage Policies:

_____. Medicare does not cover inpatient hospital services that are not medically necessary or could be safely furnished in another setting. (Refer to 42 Code of Federal Regulations, 411.15 (g) and (h).)

_____. Medicare Managed Care policies, if applicable: _____

_____. Other: _____

• Specific information about your current medical condition:

Spec Info: * If you would like a copy of the documents sent to the QIO, or copies of the specific policies or criteria for this decision, please call (810) 342-2375.

According to the Paperwork Reduction Act of 1995, no person is 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 0938-0019. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: Rule Review Comments Division, Mail Stop 01-2000, Baltimore, Maryland 21240-1000.