McLaren Business Products

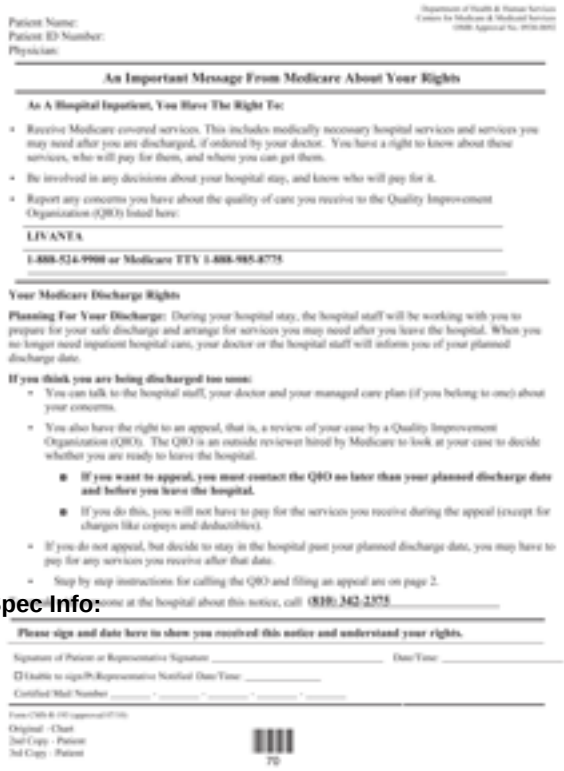
McLaren Print System Order

Order No: 46119
Order Date: 2019-06-11
User: beth watteny
Phone: 810-342-2247

Ship Location: MCLAREN FLINT CASHIER OFFFICE
401 SOUTH BALLENGER HWY
FLINT, MI 48532
Forms
Quantity: 2500
Paragon Dept No: 90200
Dept Name: Financial Clearance
Company Number: 60

Order Total Price: 809.25

Item Number: CMS-R-193
Item Description: An Important Message from Medicare About Your Rights
Revision Date: 5/2019
Print: 2 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Misc Info: 3 part; 2 pages



Patient Name:
Patient ID Number:
Physician:

An Important Message From Medicare About Your Rights

As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

LIVANTA
1-888-524-9900 or Medicare TTY 1-888-985-8775

Your Medicare Discharge Rights

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
  - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

For more information, or to file an appeal, come at the hospital about this notice, call: **(810) 342-2375**

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative Signature _____ Date/Time: _____

☐ Unable to sign/Pt./Representative Notified: Date/Time: _____

Certified Mail Number _____

Form CMS-R-193 (approved 07/19)

Original - Chart
2nd Copy - Patient
3rd Copy - Patient

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Spec Info: