

McLaren Print System Order

Order No: 54083
Order Date: 2020-05-05
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: 27.92

Item Number: CMS-10065-IM
Item Description: Important Message from Medicare
Revision Date: 2/2020
Print: 2 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ds; 2 part; black

How to Ask For an Appeal of your Hospital Discharge

- You must make your request to the QIO listed above.
Your request for an appeal should be made as soon as possible, but no later than your planned discharge date and before you leave the hospital.
The QIO will notify you of its decision as soon as possible, generally no later than 1 day after it receives all necessary information.
Call the QIO LVANITA 1-888-524-9900 or TTY 1-888-985-8775 to appeal, or if you have questions.

If You Miss The Deadline to Request An Appeal, You May Have Other Appeal Rights:

- if you have Original Medicare: Call the QIO LVANITA 1-888-524-9900.
if you belong to a Medicare health plan: Call your plan at:

Table with 2 columns: Medicare health plan name and phone number. Includes BCN Advantage, HAP Senior Plan, Humana Advantage, Medicare Plus Blue, Molina Advantage, Priority Medicare Advantage, and WellCare.

For more information, call 1-800-MEDICARE (1-800-433-4227), or TTY: 1-877-486-2048.
CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-888-333-2618 or visit: www.cms.gov/medicare

Additional Information (Optional):

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Signature of patient/representative: _____ Date/Time: _____

Unable to sign/Pt. representative notified: _____ Date/Time: _____

Printed Name: _____ Date/Time: _____

2nd IMM Discharge Staff Initials: _____ Date/Time: _____

According to the Paperwork Reduction Act of 1995, no person is required to provide information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0046. This data requirement is optional. No information collection is required if you do not wish to provide information. Do not send this information unless you are asked to do so. If you have comments regarding this notice of information collection, contact the Office of Management and Enterprise Services, Paperwork Reduction Project (0938-0046), Washington, DC 20503.



Form with fields for 'ds', 'ds', and 'ds'.

Spec Info: