

McLaren Print System Order

Order No: 54152 Reprint Previous Order No: 53397
Order Date: 2020-05-07
User: Mary Everett
Phone: 810-342-2207

Ship Location: McLaren Flint 1 Central Patient Service Center
401 S Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 90200
Dept Name: Patient Access
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 email: 3333@cms.gov

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: _____

Certified Mail Number: _____

2nd IMB 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 request is optional. The information collection is voluntary and confidential. If you have comments regarding this data collection, contact the collection manager for this notice and complete and return the information collected. If you have comments regarding the burden of this data collection, including suggestions for reducing the burden, please write to: OMB, Paperwork Reduction Project (0938-0046), Washington, DC 20503.

