McLaren Business Products

McLaren Print System Order

Order No: 54193
Order Date: 2020-05-11
User: Lori Loll
Phone: 5864933529

Ship Location: Mclaren Macomb Cashier office c/o Lori Loll
1000 Harrington Boulevard
Mount Clemens, MI 48043
Forms
Quantity: 2500
Paragon Dept No: 90200
Dept Name: Mclaren Macomb
Company Number: 260

Order Total Price: 43.94

Item Number: CMS-10065-IM
Item Description: Important Message from Medicare (Macomb)
Revision Date: 4/2020
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

McLaren
MACOMB
1000 Harrington Blvd Mt Clemens, MI 48043 (586) 493-8000

Important Message from Medicare

Your Rights as a Hospital Inpatient

- You can 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.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO **Livanta at 1-888-524-9900 / TTY 1-888-985-8775**. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital 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.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

Additional Information (Optional):

Is there any needed documentation to add?
*Per instructions: **Additional information (Optional)**: This section provides space for additional pertinent information that may be useful to the beneficiary/enrollee. It may not be used as a Detailed Notice of Discharge, even if facts pertinent to the termination decision are provided.*

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/Patient representative notified: _____ Date/Time: _____
☐ Patient refused to sign Hospital Rep: _____ Date/Time: _____
Certified Mail Number: _____

See page 2 of this notice for more information.

OMB approval 0938-1019
Form CMS 10065-IM (Exp. 12/31/2020)

Spec Info: Deliver to the patient registration office in the lobby on the first floor