

McLaren Print System Order

Order No: 54197 Reprint Previous Order No: 53397
Order Date: 2020-05-11
User: Samantha Larr
Phone: 810-342-5963

Ship Location: McLaren Flint 4N IPR Attn: Samantha
401 S Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 91120
Dept Name: IPR
Company Number: 60

Order Total Price: 233.00

Item Number: CMS-10065-IM
Item Description: Important Message from Medicare
Revision Date: 2/2020
Print: 1 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 1-888-824-9900 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 1-888-824-9900.
- 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: 1-888-333-2942 or visit: [www.cms.gov](http://www.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 0938-0106. This data request is optional. The information collection is voluntary and confidential. If you have comments regarding this data collection, contact the person listed below for more information and/or to request a copy of the information collection. If you have comments regarding the burden of this data collection or suggestions for improving this form please write to: CMS, Paperwork Reduction Project (0938-0106), Mail Stop 9912, Washington, DC 20503-9912.

