

McLaren Print System Order

Order No: 54605
Order Date: 2020-06-03
User: Julie Osip
Phone: 810-342-5963

Ship Location: McLaren Flint 4N Inpt Rehab Nurses Station ATTN: Julie Osip
401 S Ballenger Hwy
Flint, MI 48446

Forms

Quantity: 500
Paragon Dept No: 91120
Dept Name: Inpatient Rehabilitation
Company Number: 60

Order Total Price: 139.60

Item Number: CMS-10065-IM
Item Description: Important Message from Medicare
Revision Date: 5/2020
Print: 2 sided black and white
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Finish: None
Drill: None
Misc Info: ds; 2 part; black



FLINT

1-810-342-2000 or 1-800-821-6517 Provider ID #23-8148

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 GIO at: LVANTA 1-888-624-9906 or TTY 1-888-985-8775. The GIO 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.

See page 2 of this notice for more information.

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 GIO.

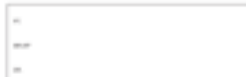
Signature of patient/representative: _____ Date/Time: _____

Unable to sign/PI representative notified: _____ Date/Time: _____

Certified Staff Member: _____ Date/Time: _____

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

According to the Americans with Disabilities Act of 1990, no person shall be denied the opportunity to participate in or benefit from any program or activity operated by a state or local government. The state and local government entities for this information collection are: LVANTA, 401 S Ballenger Highway, Flint, Michigan 48446. This notice is available in accessible format upon request. If you have any questions, please contact the Michigan Department of Health and Human Services, 300 N Zeeb Road, Lansing, Michigan 48913. (517) 373-3300. TDD: (517) 373-3300. Michigan Department of Health and Human Services, 300 N Zeeb Road, Lansing, Michigan 48913.



Spec Info: