

McLaren Print System Order

Order No: 55187 Reprint Previous Order No: 53397
Order Date: 2020-07-06
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: 1000
Paragon Dept No: 90200
Dept Name: Patient Access
Company Number: 60

Order Total Price: 264.00

Item Number: CMS-10065-IM
Item Description: Important Message from Medicare
Revision Date: 5/2020
Print: 2 sided black and white
Paper: 2 Part (White, Yellow)
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Fold:
Finish: None
Drill: None
Misc Info: ds; 2 part; black



FLINT
1-810-342-2000 or 1-800-821-6517 Provider ID #23-8141
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 at: LVANTIA 1-888-624-9906 or 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.

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 QIO.

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

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

Certified Mail Number: _____ Date/Time: _____

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

According to the Medicare Rules for 2019, you are required to respond to a collection of information or a notice to discharge or admit to a Medicare covered hospital. The cost of this notice applies to the information collection on forms 10065-IM. The data required to complete the information collection is contained in a separate information collection. If you are unable to complete the information collection, you should contact the Medicare QIO at the number and contact information on the information collection. If you are unable to complete the information collection, you should contact the Medicare QIO at the number and contact information on the information collection. If you are unable to complete the information collection, you should contact the Medicare QIO at the number and contact information on the information collection.

