

**McLaren Print System Order**

**Order No: 55395**  
**Order Date: 2020-07-15**  
**User: Sateesha Poplar**  
**Phone: 810-342-2375**

**Ship Location: 4 South McLaren Flint**  
**Case Mangement Department 4 south**  
**Flint , MI 48532**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 91570**  
**Dept Name: Case Management**  
**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**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info: ds; 2 part; black**



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: **LIVANTIA 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/PT representative notified \_\_\_\_\_ Date/Time: \_\_\_\_\_

Certified Staff Member: \_\_\_\_\_ Date/Time: \_\_\_\_\_

2<sup>nd</sup> IMM Discharge Staff Initials \_\_\_\_\_ Date/Time: \_\_\_\_\_

According to the Medicare Rules for 2019, all patients are required to sign a collection of information unless a patient is under 18 years of age. The 2019 rules could require the information collection to show that the patient understands the information collection is required to receive the services and benefits for which the patient is being discharged. If you have concerns regarding the collection of this information, please contact the Medicare QIO at the number above or contact the Medicare QIO at the number above. If you have concerns regarding the collection of this information, please contact the Medicare QIO at the number above or contact the Medicare QIO at the number above. If you have concerns regarding the collection of this information, please contact the Medicare QIO at the number above or contact the Medicare QIO at the number above.



**Spec Info:**