McLaren Business Products

McLaren Print System Order

Order No: 61321
Order Date: 2021-03-25
User: Sateesha Poplar
Phone: 810-342-2375

Ship Location: 4 South McLaren Flint
Case Mangement Department 4 south
Flint , MI 48532
Forms
Quantity: 1000
Paragon Dept No: 91570
Dept Name: Case Management
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)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ds; 2 part; black

Spec Info:

McLaren
FLINT
1-810-342-2000 or 1-800-821-6517 **Provider ID #23-6141**

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: **LIVANTA 1-888-524-9900 or TTY 1-888-985-6775**. 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 Mail Number: _____ - _____ - _____ - _____

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

Form CMS 10065-IM (Exp. 12/31/2022)
OMB approval 0938-1019

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