

Patient Name:  
Patient ID Number:  
Physician:

OMB Approval No. 0938-NEW  
Date Issued: \_\_\_\_\_

**{Insert Hospital or Plan Logo here}**

## DETAILED NOTICE OF DISCHARGE

---

You have asked for a review by the Quality Improvement Organization (QIO), an independent reviewer hired by Medicare to review your case. This notice gives you a detailed explanation about why your hospital and your managed care plan (if you belong to one), in agreement with your doctor, believe that your inpatient hospital services should end on \_\_\_\_\_. This is based on Medicare coverage policies listed below and your medical condition.

**This is not an official Medicare decision.** The decision on your appeal will come from your Quality Improvement Organization (QIO).

- Medicare Coverage Policies:

\_\_\_\_\_ Medicare does not cover inpatient hospital services that are not medically necessary or could be safely furnished in another setting. (Refer to 42 Code of Federal Regulations, 411.15 (g) and (k)).

\_\_\_\_\_ Medicare Managed Care policies, if applicable: {insert specific managed care policies}

\_\_\_\_\_ Other \_\_\_\_\_ {insert other applicable policies}\_\_\_\_\_

- Specific information about your current medical condition:

- If you would like a copy of the documents sent to the QIO, or copies of the specific policies or criteria used to make this decision, please call {insert hospital and/or plan telephone number}.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.