Medicare

Patient name: _____

Patient number: _____

Hospital name: _____ Hospital address: ____

Hospital telephone number: _____

Important Message from Medicare

Your Rights as a Hospital Inpatient

- You can get Medicare-covered services. This includes medically necessary hospital services. You have a right to know what services are covered.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave. You can speak with your doctor or other hospital staff if you have any concerns.
- You can report any concerns about the quality of care you get to your Quality Improvement Organization at: {insert Quality Improvement Organization's name and toll-free number}. Quality Improvement Organizations are independent of Medicare.

You Can Appeal Your Hospital Discharge

- If you think you're being discharged from the hospital too soon, you can appeal right away.
- To appeal, call your Quality Improvement Organization at: {insert Quality Improvement Organization's name and toll-free number}
- You should ask for an appeal as soon as possible and before you leave the hospital. If you appeal before you leave, you'll have coverage while you wait in the hospital for your appeal decision.
- If you decide to appeal, your Quality Improvement Organization will look at your records and give you its decision about 2 days after you ask for an appeal.
- After you leave the hospital, you can still appeal. Call your Quality Improvement Organization if you have Original Medicare. If you have a Medicare Advantage plan call your plan at {insert plan name and toll-free number}

What Happens After I Appeal?

- If you appeal, you'll get another notice called the Detailed Notice of Discharge. It explains the reasons why your covered hospital stay shouldn't continue.
- If your appeal decision is favorable to you, Medicare will continue to cover your hospital services.
- If you don't appeal, or if the decision on your appeal isn't favorable to you, you may have to pay for any services you get after your discharge date.

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Additional Information (Optional):

Sign below to show you received and understood this notice.

Signature of patient or representative	Date/Time

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You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.Paid for by the Department of Health & Human Services.

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- 0953. The time required to prepare and distribute this collection is 10 minutes per notice, including the time to select the preprinted form, complete it and deliver it to the beneficiary. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, PRA Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

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