



# Medicare

Patient name: \_\_\_\_\_

Patient number: \_\_\_\_\_

Hospital name: \_\_\_\_\_

Hospital address: \_\_\_\_\_

## Important Message from Medicare

Patient name: \_\_\_\_\_

Patient number: \_\_\_\_\_

### Your Rights as a Hospital Inpatient:

- You can ~~get~~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 ~~what~~ services are covered, ~~who will pay for them, and where you can get them.~~
- ~~You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. You can speak with your doctor or hospital staff if you have any concerns. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.~~
- ~~You can be involved in any decisions about your hospital stay.~~
- You can report any concerns ~~you have~~ about the quality of care you ~~get~~receive to your Quality Improvement Organization at: {insert Quality Improvement Organization's name and toll-free number of QIO}. Quality Improvement Organizations are independent of Medicare. 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.~~

### Your ~~Can~~Right to Appeal Your Hospital Discharge:

- ~~You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles). If you think you're being discharged from the hospital too soon, you can appeal right away.~~
- ~~If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will~~

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look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish. To appeal, call your Quality Improvement Organization at: {insert Quality Improvement Organization's name and toll-free number}.

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- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal. 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 the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services. 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.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability. 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}.

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~~If you do not appeal, you may have to pay for any services you receive after your discharge date.~~

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See page 2 of this notice for more information.

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**How to Ask For an Appeal of your Hospital Discharge What Happens After I Appeal?**

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- You must make your request to the QIO listed above. 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.

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- Your request for an appeal should be made as soon as possible, but no later than your planned discharge date and before you leave the hospital. If your appeal decision is favorable to you, Medicare will continue to cover your hospital services.

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- 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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~~The QIO will notify you of its decision as soon as possible, generally no later than 1 day after it receives all necessary information.~~

~~Call the QIO listed on Page 1 to appeal, or if you have questions.~~

approval 0938-1019

**If You Miss The Deadline to Request An Appeal, You May Have Other Appeal Rights:**

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~~If you have Original Medicare: Call the QIO listed on Page 1.~~

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~~If you belong to a Medicare health plan: Call your plan at {insert plan name and toll-free number of plan}~~

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**Additional Information (Optional):**

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Form CMS

Please sign below to indicate you received and understood this notice.

Sign below to show you received and understood this notice.

Signature of patient or representative	Date/Time
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Medicare

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 or Representative

Date / Time

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](https://www.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.

~~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.~~

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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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~~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 0938-1019. The time required to complete this information collection is estimated to average 15 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.~~

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