Patient Name:
Patient ID Number:
Physician:

OMB Approval No. 0938-1019 Date Issued:



Detailed Notice Of Discharge

by Medicare to review your case. This your managed care plan (if you belong	ality Improvement Organization (QIO), an independent reviewer hired notice gives you a detailed explanation about why your hospital and to one), in agreement with your doctor, believe that your inpatient This is based on Medicare medical condition.
This is not an official Medicare decisi Improvement Organization (QIO).	ion. The decision on your appeal will come from your Quality
• Medicare Coverage Policies:	
	over inpatient hospital services that are not medically necessary rnished in another setting. (Refer to 42 Code of Federal Regulations,
	Care policies, if applicable:
-	{insert specific managed care policies}
Other	{insert other applicable policies}
Specific information about your	current medical condition:
· · · · · · · · · · · · · · · · · · ·	documents sent to the QIO, or copies of the specific policies or criteria se call: Medical Management and Policy Medicare Advantage Appeal

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 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.

Department at 1-800-485-9610 (TTY/TTD # 771).