

Patient Name:  
Patient ID Number:  
Physician:

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
OMB Approval No. 0938-0692

## AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

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### AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- 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.
  - Be involved in any decisions about your hospital stay, and know who will pay for it.
  - Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here \_\_\_\_\_ {Insert Name and Telephone Number of the QIO} \_\_\_\_\_.
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### YOUR MEDICARE DISCHARGE RIGHTS

**Planning For Your Discharge:** During your hospital stay, the hospital staff will be working with you 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.

### If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave 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 do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call \_\_\_\_\_.

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**Please sign and date here to show you received this notice and understand your rights.**

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

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Notice Instructions  
**The Important Message from Medicare (OMB #0938-0692) (CMS-R-193)**

*Completing the Notice*

**PAGE 1 of the Important Message from Medicare**

**A. Header**

Hospitals must display “DEPARTMENT OF HEALTH & HUMAN SERVICES, Centers for Medicare & Medicaid Services” and the OMB number.

The following blanks must be completed by the hospital. Information inserted by hospitals in the blank spaces on the IM may be typed or legibly hand-written in 12-point font or the equivalent. Hospitals may also use a patient label that includes the following information:

**Patient Name:** Fill in the patient’s full name.

**Patient ID number:** Fill in an ID number that identifies this patient. This number should not be, nor should it contain, the social security number.

**Physician:** Fill in the name of the patient’s physician.

**B. Body of the Notice**

**Bullet # 3 Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here \_\_\_\_\_.**

Hospitals may preprint or otherwise insert the name and telephone number (including TTY) of the QIO.

**To speak with someone at the hospital about this notice call:** Fill in a telephone number at the hospital for the patient or representative to call with questions about the notice. Preferably, a contact name should also be included.

**Patient or Representative Signature:** Have the patient or representative sign the notice to indicate that he or she has received it and understands its contents.

**Date:** Have the patient or representative place the date he or she signed the notice.

**PAGE 2 of the Important Message from Medicare**

**First sub-bullet - Insert name and telephone number of QIO in BOLD:** Insert name and telephone number (including TTY), in bold, of the Quality Improvement Organization that performs reviews for the hospital.

**Second sub-bullet – The name of this hospital is:** Insert/preprint the name of the hospital, including the Medicare provider ID number (not the telephone number).

**Additional Information:** Hospitals may use this section for additional documentation, including, for example, obtaining beneficiary initials to document delivery of the follow-up copy of the IM, or documentation of refusals.