

Hospital Identifier

Model Notice of Hospital Requested Review (HRR)

Name of Patient: _____ Name of Physician: _____

Patient ID Number: _____ Date Issued: _____

*We believe that Medicare will not continue to cover your hospital care because these services are no longer considered medically necessary in your case. Because your doctor disagreed with our finding, the hospital is asking the quality improvement organization (QIO) to review your case. The QIO is an outside reviewer hired by Medicare to look at your case to decide if you are ready to leave the hospital. The name of the QIO is _____ **(insert the name of the QIO)** _____.*

- *The QIO will contact you to solicit your views about your case and the care you need.*
- *You do not need to take any action until you hear from the QIO.*

For more information about this notice, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

Please sign your name, the date and time. Your signature does not mean that you agree with this notice, just that you received the notice and understand it.

Signature of Patient or Representative

Date

Time