Complete Pulmonary Rehab

190 Aviation Plaza | Hot Springs, AR 71913 | 501.525.2770

Notice of Medicare Provider Non-Coverage

Patient Name: _____ Medicare#:_____

The effective date coverage of you CORF will end: _____
Your provider has determined that Medicare probably will not pay your current rehab services after the effective date indicated above. You may have to pay for any rehab services you receive after that date.

YOUR RIGHT TO APPEAL THIS DECISION:

You have the right to an immediate, independent, medical review (appeal), while your services continue, of the decision to end Medicare coverage of these services.

If you choose to appeal, the independent reviewer will ask your opinion and you should be available to answer or supply information. You do not have to prepare anything in writing, but you have the right to do so if you wish.

If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explaination about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.

If you choose to appeal, and the independent reviewer agrees that services should no longer be covered after the effective dated indicated above, Medicare will not pay for services after that date.

HOW TO ASK FOR AN IMMEIDATE APPEAL:

You must make your request to your Quality Improvement organization (also known as a Q10). A Q10 is the independent reviewer authorized by Medicare to review the decision to end these services.

Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective end date listed above.

The Q10 will notify you of its decision as soon as possible, generally by no later than two days after the effective date of this notice.

Call your Q10 at AR foundation for Medical Care to appeal, or fi you have questions: 479.649.8501

OTHER APPEAL RIGHTS:

If you miss the deadline for filling an immediate appeal, you may still be able to file an appeal with Q10, bu the Q10 will take more time to make its decision.
Contact 1800-Medicare (1800-633-4227) to TTY/TDD (1877-486-2048) for more information.

Please sign below to indicate that you have received this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my Q10.

_____ _____

Patient Signature Date