



101 Dates Drive  
Ithaca, NY 14850  
(607) 274-4011



A00082793308  
BLAYK, BONZE ANNE ROSE  
Clifford Ehmke MD  
F 60  
DOB 05/01/1956

DISCHARGE NOTICE

Date: 2, 10, 17

READ THIS LETTER CAREFULLY - IT CONCERNS YOUR PRIVATE INSURANCE BENEFITS  
OR MEDICAID BENEFITS OR IF YOU ARE UNINSURED

PATIENT NAME: BLAYK, BONZE ANNE ROSE PRIMARY PAYOR AT DISCHARGE: TOTAL Care  
ATTENDING PHYSICIAN: Clifford Ehmke MD MR#: M000597460 ADM. DATE: 12/25/16

Dear Patient:

Your doctor and the hospital have determined that you no longer require care in the hospital and will be ready for discharge on: (day of the week) Fri (date) 2-10-17  
IF YOU AGREE with this decision, you will be discharged. Be sure you have already received your written DISCHARGE PLAN which describes the arrangements for any future health care you may need.

IF YOU DO NOT AGREE and think you are not medically ready for discharge or feel that your discharge plan will not meet your health care needs, you or your representative may request a review. Contact the review agent indicated at the bottom of this letter if you would like a review of the discharge decision.

IF YOU WOULD LIKE A REVIEW, you should immediately, but not later than noon of (day) Mon (date) 2 / 13 / 17, call the telephone number checked off at the bottom of this page.

IF YOU CAN NOT REQUEST THE REVIEW YOURSELF and you do not have a family member or friend to help you, you may ask the hospital representative at extension 4225, who will request the review for you.

IF YOU REQUEST A REVIEW, the following will happen:

1. The review agent will ask you or your representative why you or your representative think you need to stay in the hospital, and also will ask your name, admission date and telephone number where you or your representative can be reached.
2. After speaking with you or your representative and your doctor, and after reviewing your medical record, the review agent will make a decision which will be given to you in writing.
3. While this review is being conducted, you will not have to pay for any additional hospital days until you have received the review agent's decision.

IF THE REVIEW AGENT AGREES WITH THE DISCHARGE DECISION, you will be financially responsible for your continued stay after noon of the day after you or your representative has been notified of the review agent's decision.

IF THE REVIEW AGENT AGREES THAT YOU STILL NEED TO BE IN THE HOSPITAL :

- For Medicaid Patients - Medicaid benefits will continue to cover your stay.
- For Private Health Insurance Patients - Coverage for your continued stay is limited to the scope of your private health insurance policy.

NOTE: If you miss the noon deadline mentioned in this notice, you may still request a review. However, if the review agent disagrees with you, you will be financially responsible for the days of care beginning with the proposed discharge date.

If you would like a review of your hospital stay after you have been discharged, you may request a review by the review agent within thirty (30) days of the receipt of this notice or seven days after receipt of a complete bill from this hospital, whichever is later, by writing to the review agent.

I have received this notice on behalf of myself as the patient or as the representative of the patient:

Gina Byk  
Signature self

2, 10, 17 1100  
Date 5:09 PM Time

Relationship \_\_\_\_\_ Signature of Individual Presenting Notice  
Independent Professional Review Agent (IPRA) for your area and your insurance coverage is:

IPRO  
1979 Marcus Avenue, First Floor  
Lake Success, NY 11042  
1-800-648-4776 or 1-516-326-6131

