

Letter 11 - Model HINN - Noncovered Service(s) during Covered Stay

INSERT HOSPITAL LETTERHEAD AND/OR CONTACT INFORMATION

Name of Patient or Representative

Date of Notice

Street Address

Admission Date

City, State, Zip Code

Attending Physician

Health Insurance Claim (HIC) Number

YOUR IMMEDIATE ATTENTION IS REQUIRED

The purpose of this notice is to inform you that: (Blank 1 – Service name) _____
_____ is/are not covered under Medicare because: (Blank 2 – Reason
for Noncoverage) _____
_____.

Our opinion was based upon the following Medicare policy we and our Medicare intermediary follow:
(Blank 3 – Justification of Assessment of Noncoverage) _____
_____.

_____. If you decide to receive the service(s) listed above, based on our
customary charges for this/these service(s), you will have payment responsibility for: (Blank 4 – Patient
Financial Responsibility) _____. Your attending physician has
been advised of our opinion. You should talk with your physician about your health care needs, including
the service(s) listed above.

RECEIPT OF THIS NOTICE

This notice is not an official Medicare decision. Your signature below only shows you have received the
notice and understand what you may have to pay for. On the next page is information to use if you get the
service(s) and you want to ask Medicare if it agrees with our opinion. Note we will also give a copy of
this notice to your physician listed above.

Signature of Beneficiary or Representative

Date

YOUR RIGHT TO A MEDICARE REVIEW (APPEAL):

You can ask us to file a Medicare claim for the service(s) listed on this notice. You will receive a Medicare Summary Notice (MSN) telling you Medicare’s payment decision on this/these service(s), and how to ask for an appeal of that decision if Medicare does not pay.

- If Medicare has covered your hospital stay, it reviews any individual service it does not cover during that stay, only after you file a claim.
- If you appeal and Medicare decides to pay despite our opinion, any charges we collected will be refunded to you.
- You can ask your physician among others to represent you in filing an appeal.

Your Medicare intermediary does the formal review and makes the payment decision on the service(s) listed on this notice when processing the related claim. If you have questions on that claim or the MSN for the service(s) listed on this notice, you can contact your intermediary. **Your intermediary contact information:** *(Blank 5 – Intermediary name, address, and telephone number)*

Quality Improvement Organizations (QIOs) in each State do certain types of reviews for Medicare, including judging the need for certain medical services and quality of care. You can ask your QIO in your State to review the service(s) listed on this notice after you have received them. **Your QIO contact information:** *(Blank 6 – QIO Name, address, and telephone number)*

Sincerely,

(Blank 7- Hospital Signature)
