

## McLaren Print System Order

Order No: 14911 Reprint Previous Order No: 5396  
 Order Date: 2015-11-05  
 User: Michele Lubick  
 Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele  
 16700 21 Mile Rd., Suite 101  
 Macomb, MI 48044

### Forms

Quantity: 100  
 Paragon Dept No: 71600  
 Dept Name: McLaren Macomb Family Medicine  
 Company Number: 810

Order Total Price: 18.95

Item Number: MM-103A (8931) English  
 Item Description: ABN (McLaren Macomb Family Medicine Suite 101)  
 Revision Date: 1/2012  
 Print: 1 sided black and white  
 Paper: 3 Part (White, Yellow, Pink)  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

**McLAREN MACOMB FAMILY MEDICINE**  
 16700 21 Mile Road • Suite 101 • Macomb, MI 48044  
 (586) 263-0320 • Fax (586) 263-1276

Beneficiary: \_\_\_\_\_ Patient Name: \_\_\_\_\_

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**ADVANCED BENEFICIARY NOTICE OF NON-COVERAGE (ABN)**

**NOTE:** If Medicare doesn't pay for D, \_\_\_\_\_ before, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider, have good reason to think you need. We expect Medicare may not pay for the D \_\_\_\_\_ before.

Checked Item Only	Item or Service	Reason Medicare May Not Pay	Estimated Cost
<input checked="" type="checkbox"/>	In-Office Injection & Administration	Medicare doesn't pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>	Chem. Scan	Medicare doesn't pay for this service for your condition.	\$67.00
<input checked="" type="checkbox"/>	ECG, complete	Medicare doesn't pay for this service for your condition.	\$41.00
<input checked="" type="checkbox"/>	Hemostasis	Medicare doesn't pay for this service for your condition.	\$1.00
<input checked="" type="checkbox"/>	Uricostatic	Medicare doesn't pay for this service for your condition.	\$13.00
<input checked="" type="checkbox"/>	PAF Exam	Medicare doesn't pay for this service as often as this.	\$79.00
<input checked="" type="checkbox"/>	OTN Exam	Medicare doesn't pay for this service as often as this.	\$179.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

We let you enter in our system \_\_\_\_\_  
 \*Read this notice, so you can make an informed decision about your care.  
 \*Ask us any questions that you may have after you finish reading.  
 \*Choose an option below about whether to receive the D \_\_\_\_\_ listed above.  
**Note:** If you choose option 1 or 2, we may help you receive any extra medication that you might have, but Medicare cannot require us to do this.

**Options:** **Check only one box. We cannot choose a box for you.**

**OPTION 1:** I want the \_\_\_\_\_ listed above. You may ask to be paid some, but I also want Medicare to help for an official decision on payment, which is sent to the area Medicare Secondary Network (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less charges or deductibles.

**OPTION 2:** I want the \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid some so I am responsible for payment. I cannot appeal if Medicare is not billed.

**OPTION 3:** I don't want the \_\_\_\_\_ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

**Additional Information:** \_\_\_\_\_

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227 TTY: 1-877-486-2948).

Signing below means that you have received and understood this notice. You also receive a copy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medicare is the National Health Insurance program for people 65 and older, people with disabilities, and people with End Stage Renal Disease. The cost of Medicare is based on the amount of income you earned. The first part of Medicare is covered by Social Security taxes. The second part is covered by a monthly premium. For more information on Medicare, contact your local Social Security office. For more information on Medicare billing, call 1-800-MEDICARE (1-800-633-4227 TTY: 1-877-486-2948).  
 Form MM-103A (8931) 11/15  
 Printed on Recycled Paper, 50% Post Consumer Waste, 100% Recycled Fiber, 100% Recycled Ink.

**WHITE RECORD YELLOW PATIENT PINK ROUTER** Form approved 08/15/2014