

McLaren Print System Order

Order No: 15177 Reprint Previous Order No: 5360
 Order Date: 2015-11-17
 User: ANNTINETTE NICHOLS
 Phone: 5867917630

Ship Location: **MCLAREN MACOMB FAMILY MEDICINE**
 35103 SILVANO DRIVE
 CLINTON TOWNSHIP, MI 48035

Forms

Quantity: 100
 Paragon Dept No: 71000
 Dept Name: MCLAREN FAMILY MEDICINE/SILVANO
 Company Number: 810

Order Total Price: 18.95

Item Number: MM-103A (8879) English
 Item Description: ABN (McLaren Macomb Family Medicine)
 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
 35103 Silvano Drive • Clinton, Twp., MI 48035
 (313) 791-0200

Beneficiary: _____ Patient Name: _____

ADVANCED BENEFCIARY 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"/>	Ultrasono	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"/>			

What you need to do now:
 • Read this notice, so you can make an informed decision about your care.
 • Ask us only questions that you may have after you finish reading.
 • Check an option below about whether to receive the D. *Costed above.*

Note: If you choose option 1 or 2, we may help you receive any extra medication that you might have, but Medicaid cannot require us to do this.

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

OPTION 1: I want the _____ *Costed 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 state Medicare Secondary Payer (MSP). 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 MSP. If Medicare does pay, you will refund any payments I made to you, less charges or deductibles.

OPTION 2: I want the _____ *Costed 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 _____ *Costed 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: _____

McLaren Family Medicine is an Equal Opportunity Employer. If you are a qualified individual with a disability and need a reasonable accommodation to use our services, please contact us at 313-791-0200. For more information, please visit our website at www.mclaren.com. © 2012 McLaren Family Medicine. All rights reserved. Form MM-103A (8879) 1/2012

WHITE RECORD YELLOW PATIENT PINK ROUTER