

McLaren Print System Order

Order No: 15467 Reprint Previous Order No: 5353

Order Date: 2015-12-02

User: Danielle Cahoon

Phone: 810-688-3093

Ship Location: McLaren Family Care Center/Danielle Cahoon
4482 Huron Street
North Branch, MI 48461

Forms

Quantity: 100

Paragon Dept No: 65250

Dept Name: McLaren Family Care Center-North Branch

Company Number: 810

Order Total Price: 18.95

Item Number: MM-103A (8730) English

Item Description: ABN (McLaren Lapeer Region North Branch 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 LAPEER REGION
NORTH BRANCH FAMILY MEDICINE
4482 Huron Street • North Branch, MI 48461
(810) 688-3093

Number: _____ Patient Name: _____

ADVANCED BENEVOLENT NOTICE OF NON-COVERAGE (ABN)

NOTE: If Medicare doesn't pay for D _____ below, you may have to pay. Medicare doesn't pay for everything, even some care that you or your health care provider feels good reasons to think you need. We expect Medicare may not pay for the D _____ below.

Checked Item (Only)	Item or Service	Reason Medicare May Not Pay	Estimated Cost
<input checked="checked" type="checkbox"/>	In-CU Sign-in & Administration	Medicare doesn't pay for this service for your condition.	\$17.00
<input checked="checked" type="checkbox"/>	Chest X-ray	Medicare doesn't pay for this service for your condition.	\$67.00
<input checked="checked" type="checkbox"/>	ECG, complete	Medicare doesn't pay for this service for your condition.	\$41.00
<input checked="checked" type="checkbox"/>	Hemocrit	Medicare doesn't pay for this service for your condition.	\$1.00
<input checked="checked" type="checkbox"/>	Urinalysis	Medicare doesn't pay for this service for your condition.	\$13.00
<input checked="checked" type="checkbox"/>	PA2 X-rays	Medicare doesn't pay for this service as often as this.	\$79.00
<input checked="checked" type="checkbox"/>	QYN Exam	Medicare doesn't pay for this service as often as this.	\$179.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

What will you expect to pay for:
 Pay the entire bill, so you can make an informed decision about your care.
 Ask us only questions that you may have after you finish reading.
 Choose an option below about whether to accept the D _____ listed above.
Note: If you choose option 1 or 2, we may help you make any other decisions 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 now, but I also want Medicare to hold for an official decision on payment, which is sent to the state Medicare Reimbursement System (MRS). I understand that if Medicare doesn't pay, I am responsible for payment, but I am appealing to Medicare by following the direction on the MRS. If Medicare does pay, you will refund any payments I made to you, less charges or offset fees.

OPTION 2. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now 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 the notice. You also receive a copy.

Signature: _____ Date: _____

Print Name (Last, First, Middle Initial) _____

Print Address (Last, First, Middle Initial) _____, _____, _____

Print City, State, Zip _____

WHITE RECORD YELLOW PATIENT PINK ROUTER Form number MM-103A-01