

McLaren Print System Order

Order No: 16370 Reprint Previous Order No: 5341
 Order Date: 2016-01-18
 User: Rebecca Colburn
 Phone: 810 496-2507

Ship Location: McLaren Flint - Fenton CMC Attn: Rebecca
 2420 Owen Rd.
 Fenton, MI 48430

Forms

Quantity: 500
 Paragon Dept No: 64000
 Dept Name: MMG McLaren Flint Fenton CMC
 Company Number: 810

Order Total Price: 94.75

Item Number: MM-103A (8323) English
 Item Description: ABN (McLaren Flint Fenton Community Medical Center)
 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-FLINT
 FENTON COMMUNITY MEDICAL CENTER
 2420 OWEN ROAD, FENTON, MI 48430
 (810) 496-2500

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 Signature & Administration	Medicare does not pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>	Chem. Scan	Medicare does not pay for this service for your condition.	\$67.00
<input checked="" type="checkbox"/>	ECG, complete	Medicare does not pay for this service for your condition.	\$4.00
<input checked="" type="checkbox"/>	Hemostasis	Medicare does not pay for this service for your condition.	\$1.00
<input checked="" type="checkbox"/>	Uric Acid	Medicare does not pay for this service for your condition.	\$1.00
<input checked="" type="checkbox"/>	PSY Screen	Medicare does not pay for this service as often as this.	\$7.00
<input checked="" type="checkbox"/>	OTN Exam	Medicare does not pay for this service as often as this.	\$19.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

We let you return to our office. **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 pay for an official decision on payment, which is sent to the state Medicare Secondary Review (MSR). 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 MSR. 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 (1-800-633-4277 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 care program for people who are 65 or older, younger 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 financed by a payroll tax on the wages of workers and employers. The second part is financed by a tax on the investment income of workers and employers. Medicare is administered by the Social Security Administration. For more information on Medicare, visit www.medicare.gov. Form 2015-01-01. © 2015.

WHITE RECORD YELLOW PATIENT PINK ROUTER