

McLaren Print System Order

Order No: 16388 Reprint Previous Order No: 5351
 Order Date: 2016-01-18
 User: Joann Provost
 Phone: 810-667-7335

Ship Location: McLaren Lapeer CMC Attn: Joann Provost
 1254 North Main Street
 Lapeer, MI 48446

Forms

Quantity: 100
 Paragon Dept No: 65000
 Dept Name: McLaren Lapeer Community Medical Center
 Company Number: 810

Order Total Price: 18.95

Item Number: MM-103A (8603) English
 Item Description: ABN (McLaren Lapeer Region 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 LAPEER REGION
 COMMUNITY MEDICAL CENTER
 1254 North Main Street • Lapeer, MI 48446
 (810) 667-4801

Beneficiary: _____ Patient Name: _____

ADVANCED BENEFCIARY NOTICE OF NONCOVERAGE (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 Interpretation & Administration	Medicare doesn't pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>	Chem. Screen	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.	\$10.00
<input checked="" type="checkbox"/>	Urinalysis	Medicare doesn't pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/>	PSY Screen	Medicare doesn't pay for this service as often as this.	\$79.00
<input 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"/>			

Who is your doctor or provider?
 *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.
 *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 Medicaid cannot replace us for the D.

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 intermediary (MIO). 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 MIO. 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: 1-877-486-2949.

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

Signature: _____ Date: _____

McLaren Lapeer Region Community Medical Center is an equal opportunity provider. If you have any questions or need a copy of this notice, please call 810-667-4801. For more information on Medicare, please visit www.medicare.gov. For more information on Medicaid, please visit www.michigan.gov/medicaid. For more information on the Michigan Health Care Program, please visit www.michigan.gov/hcpc. For more information on the Michigan Health Care Program, please visit www.michigan.gov/hcpc. For more information on the Michigan Health Care Program, please visit www.michigan.gov/hcpc.

WHITE RECORD YELLOW PATIENT PINK ROUTER Form approved 08/16/2014