

McLaren Print System Order

Order No: 16910 Reprint Previous Order No: 5352
 Order Date: 2016-02-09
 User: Deborah Rodriguez
 Phone: 810-678-4090

Ship Location: **McLare -Lapeer Region - Metamor CMC Debbie Rodriguez**
 809 W Dryden Rd
 Metamora, Mi 48455

Forms

Quantity: 100
 Paragon Dept No: 65250
 Dept Name: Metamora Administration
 Company Number: 810

Order Total Price: 18.95

Item Number: MM-103A (8720) English
 Item Description: ABN (McLaren Lapeer Region Metamora 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
METAMORA COMMUNITY MEDICAL CENTER
 809 W Dryden Road • Metamora, MI 48455
 (810) 678-4000

Beneficiary: _____ Patient Name: _____

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 Signature & Administration	Medicare does not pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>	Chart Review	Medicare does not pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>	EMR, computer	Medicare does not pay for this service for your condition.	\$4.00
<input checked="" type="checkbox"/>	History and	Medicare does not pay for this service for your condition.	\$1.00
<input checked="" type="checkbox"/>	Examination	Medicare does not pay for this service for your condition.	\$1.00
<input checked="" type="checkbox"/>	PA/ NP Exam	Medicare does not pay for this service as often as this.	\$79.00
<input checked="" type="checkbox"/>	OTN Exam	Medicare does not pay for this service as often as this.	\$179.00
<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 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 as 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 program that provides health insurance for people 65 and older, people with disabilities, and people under 65 who are disabled. The cost of Medicare is based on the amount of Social Security tax you have paid. Medicare is not a health insurance plan. Medicare does not cover all health care services. Medicare does not cover long-term care, dental care, vision care, hearing aids, private inpatient care, private nursing home care, private hospice care, private home care, private durable medical equipment, private prosthetic devices, private transportation, private foreign travel, private long-term care, private long-term care services, private long-term care facilities, private long-term care services, private long-term care facilities, private long-term care services, private long-term care facilities.

Form 0084-B (02/16) WHITE RECORD YELLOW PATIENT PINK ROUTER For record only in 2016