

## McLaren Print System Order

Order No: 17402 Reprint Previous Order No: 5353  
 Order Date: 2016-03-02  
 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

Beneficiary: \_\_\_\_\_ Patient Name: \_\_\_\_\_

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**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 does not pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>	Chem. Screen	Medicare does not pay for this service for your condition.	\$47.00
<input checked="" type="checkbox"/>	ECG, complete	Medicare does not pay for this service for your condition.	\$41.00
<input checked="" type="checkbox"/>	Hemostasis	Medicare does not pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/>	Urinalysis	Medicare does not pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/>	PSY Screen	Medicare does not pay for this service as often as this.	\$79.00
<input checked="" type="checkbox"/>	QYN Exam	Medicare does not 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 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 (1-800-633-4227 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 Care Center is an Equal Opportunity Employer. If you have any questions or need a copy of this notice, please call 810-688-3093. For more information, visit our website at www.mclaren.com. © 2012 McLaren Family Care Center. All rights reserved. Printed on recycled paper. Form MM-103A (8730) 1/2012

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