

McLaren Print System Order

Order No: 18324 Reprint Previous Order No: 5414
 Order Date: 2016-04-13
 User: Deanna Parinello
 Phone: 586-294-5210

Ship Location: McLaren Lakeshore/ Attn Deanna
 33720 Harper Ave
 Clinton Twp, , MI 48035

Forms
 Quantity: 500
 Paragon Dept No: 72650
 Dept Name: McLaren lakeshore
 Company Number: 810

Order Total Price: 94.75

Item Number: MM-103A (72650) English
 Item Description: ABN (McLaren Lakeshore 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 LAKESHORE MEDICAL CENTER
 33720 Harper Ave. • Clinton Township, MI 48035
 (800) 294-5210

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 cases that you or your health care provider have good reasons to think you need. We expect Medicare may not pay for the D _____ before.

Checked Item (Only)	Dates of Services	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"/>	Chief of Staff	Medicare does not pay for this service for your condition.	\$67.00
<input checked="" type="checkbox"/>	EMT, ambulance	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.	\$1.00
<input checked="" type="checkbox"/>	Ultrasonics	Medicare does not pay for this service for your condition.	\$13.00
<input checked="" type="checkbox"/>	PA/ Nurse	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.	\$119.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

What you need to do now:
 • Read this notice so you can make an informed decision about your care.
 • Ask us any questions that you may have after you finish reading.
 • Choose an option below about whether to receive the D. *Costs above.*

Note: If you choose option 1 or 2, we may help you receive any extra medication 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 _____ before, but I also want Medicare to help for an official decision on payment, which is sent to the area Medicare Secondary Payer (MSP). I understand that if Medicare does not pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSP. If Medicare does pay, you will receive any payments I made to you, less payments or deductibles.

OPTION 2: I want the _____ before, 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 _____ before, but 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 Lakeshore Medical Center is an Equal Opportunity Employer. If you have any questions regarding this notice, please contact the Health Plan Administrator at (800) 294-5210. For more information, please visit our website at www.mclaren.com. © 2012 McLaren Lakeshore Medical Center. All rights reserved.

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