McLaren Business Products

McLaren Print System Order

Order No: 19146 Reprint Previous Order No: 5393
Order Date: 2016-05-18
User: Lisa Barton
Phone: 586-779-6263

Ship Location: Mclaren Family & Internal Medicine
19041 E 12 Mile Rd
Roseville, MI 48066
Forms
Quantity: 100
Paragon Dept No: 71100
Dept Name: Warren Family Admin
Company Number: 810

Order Total Price: 18.95

Item Number: MM-103A (71100) English
Item Description: ABN (McLaren Macomb Family & Internal 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-FLINT GRAND BLANC COMMUNITY MEDICAL CENTER
2013 E. Hill, Grand Blanc, MI 48439
(810) 953-6400

Notified(s): Patient Name:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, 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. _____ below.

Checked Items Only:	Items or Services:	Reason Medicare May Not Pay:	Estimated Cost:
☐	B-12 Injection & Administration	Medicare does not pay for this service for your condition.	$57.00
☐	Chest X-ray	Medicare does not pay for this service for your condition.	$87.00
☐	EKG, complete	Medicare does not pay for this service for your condition.	$61.00
☐	Hemocrit	Medicare does not pay for this service for your condition.	$14.00
☐	Urinalysis	Medicare does not pay for this service for your condition.	$15.00
☐	PAP Smear	Medicare does not pay for this service as often as this	$70.00
☐	GYN Exam	Medicare does not pay for this service as often as this	$110.00
☐			
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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. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance 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 _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). 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 MSN. If Medicare does pay, you will refund any payments I made to you, less coinsurance or deductibles.

☐ OPTION 2. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now 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 (1-800-633-4227/TTY: 1-877-486-2048).

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

Signature: Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Office, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (03/01) Form Approved OMB No. 0938-0566

WHITE: RECORD YELLOW: PATIENT PINK: ROUTER