

## McLaren Print System Order

Order No: 21436 Reprint Previous Order No: 5340  
 Order Date: 2016-08-30  
 User: Louann Harmon  
 Phone: 5179759844

Ship Location: Louann Harmon  
 1035 Charlevoix Dr  
 Grand Ledge, MI 48837

### Forms

Quantity: 500  
 Paragon Dept No: 67325  
 Dept Name: MGL Grand Ledge Health Center  
 Company Number: 810

Order Total Price: 94.75

Item Number: MM-103A (8276) English  
 Item Description: ABN (McLaren Greater Lansing Grand Ledge Health 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 GREATER LANSING  
 GRAND LEDGE HEALTH CENTER  
 1035 Charlevoix, Grand Ledge, MI 48837  
 (517) 875-2282 • Fax (517) 875-2282

Healthcare Provider Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

**ADVANCED BENEVOLENT 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	Dates of Services	Reason Medicare May Not Pay	Estimated Cost
<input checked="" type="checkbox"/>		Medicare does not pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service for your condition.	\$67.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service for your condition.	\$41.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service for your condition.	\$1.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service for your condition.	\$13.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service as often as this.	\$79.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service as often as this.	\$179.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

**What you need to do next:**  
 • 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.  
 • Check 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 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 some, but I also want Medicare to bill 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 (1-800-633-4227 TTY: 1-877-486-2948).**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

McLaren Health System is an Equal Opportunity Employer. We are committed to providing a safe and secure environment for our patients, staff and visitors. We are also committed to providing a safe and secure environment for our patients, staff and visitors. We are also committed to providing a safe and secure environment for our patients, staff and visitors. We are also committed to providing a safe and secure environment for our patients, staff and visitors.

WHITE RECORD YELLOW PATIENT PINK ROUTER Form number 0816 08/16