

## McLaren Print System Order

Order No: 22347 Reprint Previous Order No: 20836  
 Order Date: 2016-10-05  
 User: Angela DeLaRosa  
 Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Primary Care/Attn Angela DeLaRosa  
 4 Columbus Ave  
 Bay City, MI 48708

### Forms

Quantity: 500  
 Paragon Dept No: 69050  
 Dept Name: McLaren Medical Group  
 Company Number: 810

Order Total Price: 282.25

Item Number: MM-103A 69050  
 Item Description: ABN (McLAREN BAY REGION PRIMARY CARE)  
 Revision Date: 7/2016  
 Print: 1 sided black and white  
 Paper: 3 Part (White, Yellow, Pink)  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info:

**McLAREN BAY REGION PRIMARY CARE**  
 4 Columbus Ave • Ste 201 • Bay City, MI 48708  
 Phone: (989) 893-9705

Notified: \_\_\_\_\_ 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 Item Only	Item or Service	Reason Medicare May Not Pay	Estimated Cost
<input type="checkbox"/>	B-12 Injection & Administration	Medicare does not pay for this service for your condition.	\$27.00
<input type="checkbox"/>	Chest X-ray	Medicare does not pay for this service for your condition.	\$87.00
<input type="checkbox"/>	EKG, complete	Medicare does not pay for this service for your condition.	\$63.00
<input type="checkbox"/>	Hemocult	Medicare does not pay for this service for your condition.	\$14.00
<input type="checkbox"/>	Urinalysis	Medicare does not pay for this service for your condition.	\$13.00
<input type="checkbox"/>	PAP smear	Medicare does not pay for this service as often as this.	\$70.00
<input type="checkbox"/>	GYN Exam	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 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 co-pay or deductible.

**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 (1-800-633-6222) TTY: 1-877-486-2000.

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

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

According to the Payment Provider Act of 1985, no person is required to accept or to disclose information unless it contains a valid toll-free number. The toll-free number for the information contained in this notice is 1-800-MEDICARE. You may request to receive the information contained in this notice in large print. If you are unable to read this notice, please contact your insurance carrier for assistance. If you have questions concerning the accuracy of the information contained in this notice, please contact your insurance carrier. For more information, please contact your insurance carrier. For more information, please contact your insurance carrier. For more information, please contact your insurance carrier.

**WHITE RECORD YELLOW PATIENT PINK ROUTER**