

McLaren Print System Order

Order No: 26266 Reprint Previous Order No: 5397
 Order Date: 2017-03-21
 User: Holly Reibel
 Phone: 248-627-3535

Ship Location: McLaren Ortonville ATTN: Holly Reibel
 180 N. Ortonville Rd
 Ortonville, MI 48462

Forms

Quantity: 100
 Paragon Dept No: 73250
 Dept Name: McLaren Ortonville
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-103A (73250) English
 Item Description: ABN (McLaren Oakland Ortonville Family & Internal Medicine)
 Revision Date: 1/2012
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info:

**McLAREN OAKLAND
 ORTONVILLE FAMILY & INTERNAL MEDICINE
 180 N. Ortonville Rd., Ortonville, MI 48462
 (248) 627-3535**

Notice#: _____ 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 checked="" type="checkbox"/>	B-1 Injection & Administration	Medicare does not pay for this service for your condition	\$17.00
<input checked="" type="checkbox"/>	Chest X-ray	Medicare does not pay for this service for your condition	\$47.00
<input checked="" type="checkbox"/>	EKG complete	Medicare does not pay for this service for your condition	\$41.00
<input checked="" type="checkbox"/>	Hemsworth	Medicare does not pay for this service for your condition	\$18.00
<input checked="" type="checkbox"/>	Urinalysis	Medicare does not pay for this service for your condition	\$15.00
<input checked="" type="checkbox"/>	PNP Exam	Medicare does not pay for this service as often as this	\$70.00
<input checked="" type="checkbox"/>	GYN Exam	Medicare does not pay for this service as often as this	\$119.00
<input type="checkbox"/>			
<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 any gaps 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: 1-877-486-2043.

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

Signature: _____ Date: _____

According to the Payment Reduction Act of 2006, no person or organization is required to collect or disseminate patient information unless the person or organization is a Medicare provider. The only Medicare provider for this information collection is 26266. The form request to create the information collection is contained in usage 1. Contact our support center for help to create electronic forms using this information. For the complete and complete instructions for information collection, see our website at www.mclaren.com. If you have questions regarding the privacy of this form, contact our support center for help. Please visit us at 180 N. Ortonville Road, P.O. Box 10000, Ortonville, Michigan 48462-1000.

Form 26266 (01/2012) WHITE/RECORD YELLOW/PATIENT PINK/ROUTER Form Approved 2009 by 3025-0002