

McLaren Print System Order

Order No: 27108 Reprint Previous Order No: 5405
 Order Date: 2017-04-27
 User: April Fenn
 Phone: 517-975-9498

Ship Location: MGL Primary Care
 2270 Jolly Oak Rd Ste 1
 Okemos, Mi 48864

Forms

Quantity: 500
 Paragon Dept No: 67750
 Dept Name: MGL Primary Care
 Company Number: 810

Order Total Price: 282.25

Item Number: MM-103A (67750) English
 Item Description: ABN (McLaren Greater Lansing Primary Care)
 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 PRIMARY CARE
 2270 Jolly Oak Rd, Suite 1, Okemos, MI 48864
 (517) 344-8140

Beneficiary: _____ Patient Name: _____

ADVANCED BENEFCIARY NOTICE OF NONCOVERAGE (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 | Item or Service | 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"/> | Chem 5-ora | Medicare does not pay for this service for your condition. | \$67.00 |
| <input checked="" type="checkbox"/> | ECG, complete | Medicare does not pay for this service for your condition. | \$41.00 |
| <input checked="" type="checkbox"/> | Hemostath | Medicare does not pay for this service for your condition. | \$1.00 |
| <input checked="" type="checkbox"/> | Uricostate | Medicare does not pay for this service for your condition. | \$13.00 |
| <input checked="" type="checkbox"/> | PA2 Exam | Medicare does not pay for this service as often as this. | \$79.00 |
| <input checked="" type="checkbox"/> | QYN 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 only questions that you may have after you finish reading.
 *Choose an option below about whether to receive the D. *Cost above.*

Note: If you choose option 1 or 2, we may help you receive any extra medication that you might have, but Medicaid cannot replace us for this.

Options: **Check only one box. We cannot choose a box for you.**

OPTION 1: I want the _____ before. You may ask to be paid now, but I also want Medicare to help for an official decision on payment, which is sent to the state Medicare Secondary Review (MSR). 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 MSR. If Medicare does pay, you will refund any payments I made to you, less charges 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. 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 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 and staff. We are also committed to providing a safe and secure environment for our patients and staff. We are also committed to providing a safe and secure environment for our patients and staff. We are also committed to providing a safe and secure environment for our patients and staff.

WHITE RECORD YELLOW PATIENT PINK ROUTER Form 100-01 (01/12)