

McLaren Print System Order

Order No: 27399 Reprint Previous Order No: 5401
 Order Date: 2017-05-02
 User: cindy martin
 Phone: 517-233-0170

Ship Location: EATON RAPIDS WOMENS HEALTH
 101 E SPICERVILLE HWY
 EATON RAPIDS, MI 48827

Forms

Quantity: 100
 Paragon Dept No: 67425
 Dept Name: mclaren greater lansing EATON RAPIDS WOMENS HEALTH
 Company Number: 810

Order Total Price: 56.45

Item Number: MM-103A (67400) English
 Item Description: ABN (McLaren Greater Lansing Eaton Rapids Womens Health)
 Revision Date: 1/2012
 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 GREATER LANSING
 EATON RAPIDS WOMEN'S HEALTH
 101 E Spicerville HWY • Eaton Rapids, MI 48827
 (517) 233-0170

Notification: 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"/>	PAP smear	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: 1-877-486-2048.

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 2010, we cannot be required to accept a collection of information unless it relates to our Medicare-related business. The only Medicare-related information we can collect is a 2010-2011. This form is used to collect the information necessary to complete a claim. It cannot be used to collect information for any other purpose. We will not share your information with any other person or organization. If you have questions about the privacy of this information or requests to correct this information, please write to: 100, 100 Spicerville Highway, 100 Spicerville, Eaton Rapids, Michigan 48827-1000.
 Form 2010-01 (05/10) WHITE RECORD YELLOW PATIENT PINK ROUTER Form Approved 2009 by 5010-1082