

McLaren Print System Order

Order No: 27888 Reprint Previous Order No: 5352
Order Date: 2017-05-31
User: Deborah Rodriguez
Phone: 810-678-4090

Ship Location: Mclare -Lapeer Region - Metamor CMC Debbie Rodriguez
809 W Dryden Rd
Metamora, Mi 48455

Forms
Quantity: 100
Paragon Dept No: 65150
Dept Name: Metamora Admistration
Company Number: 810

Order Total Price: 18.95

Item Number: MM-103A (8720) English
Item Description: ABN (McLaren Lapeer Region Metamora Community Medical 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 LAPEER REGION
METAMORA COMMUNITY MEDICAL CENTER
809 W Dryden Road • Metamora, MI 48455
(810) 678-4000

Beneficiary: _____ Patient Name: _____

ADVANCED BENEFICIARY 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)	Item or Service	Reason Medicare May Not Pay	Estimated Cost
<input checked="" type="checkbox"/>	In-Office Signature & Administration	Medicare does not pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>	Chart Review	Medicare does not pay for this service for your condition.	\$67.00
<input checked="" type="checkbox"/>	EMR Computer	Medicare does not pay for this service for your condition.	\$41.00
<input checked="" type="checkbox"/>	Hardware	Medicare does not pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/>	Software	Medicare does not pay for this service for your condition.	\$13.00
<input checked="" type="checkbox"/>	PAF Issues	Medicare does not pay for this service as often as this.	\$79.00
<input checked="" type="checkbox"/>	OTN Issues	Medicare does not pay for this service as often as this.	\$179.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Who is your doctor or provider?
*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 _____ listed above.
Note: If you choose option 1 or 2, we may help you resolve any other medical condition 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 to help for an official decision on payment, which is sent to the state Medicare Secondary Review (MSR). 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 MSR. 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 now 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 on Medicare billing, call 1-800-MEDICARE (1-800-633-4277 TTY: 1-877-486-2948).

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

Signature: _____ Date: _____

McLaren is the National Provider of Print and e-Print for Medicare recipients. A provider of Medicare plans is required to bill Medicare under the plan that is covered by the Medicare contract it provides. The form number is Medicare contract number. For more information, please contact Medicare at 1-800-633-4277. For more information, please contact Medicare at 1-800-633-4277. For more information, please contact Medicare at 1-800-633-4277. For more information, please contact Medicare at 1-800-633-4277.

Form 0004 (01/2012) WHITE RECORD YELLOW PATIENT PINK ROUTER Form approved 03/16/2014