

McLaren Print System Order

Order No: 52331
 Order Date: 2020-02-05
 User: kim howell
 Phone: 810-342-2199

Ship Location: McLaren - Flint Laboratory Attn: Kim Howell
 401 S Ballenger Hwy
 Flint, MI 48532

Forms
 Quantity: 2500
 Paragon Dept No: 31040
 Dept Name: Laboratory
 Company Number: 60

Order Total Price: 1353.00

Item Number: M-103
 Item Description: Advance Beneficiary Notice (ABN)
 Revision Date: 5/2018
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill:
 Misc Info: 3 Part

McLAREN FLINT 401 S. BALLENGER HWY FLINT, MI 48503 810-342-2199

Patient Name: _____ Identification Number: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for the laboratory test(s) 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 laboratory test(s) below.

Laboratory tests marked with *:	<input type="checkbox"/> AFP \$129.34 <input type="checkbox"/> CBC \$88.92 <input type="checkbox"/> CBC/NO DIFF \$103.38 <input type="checkbox"/> DCEA \$136.14 <input type="checkbox"/> Digoxin \$95.26 <input type="checkbox"/> Digoxin 328.90 <input type="checkbox"/> Digoxin 331.69 <input type="checkbox"/> Digoxin 327.04 <input type="checkbox"/> Digoxin 383.72 <input type="checkbox"/> DPL3 \$12.04	<input type="checkbox"/> BUN \$99.23 <input type="checkbox"/> DiglyA/c \$184.94 <input type="checkbox"/> Hemocys \$121.14 <input type="checkbox"/> Iron Chem \$46.59 <input type="checkbox"/> Iron Binding \$41.88 <input type="checkbox"/> Lipid Panel \$190.98 <input type="checkbox"/> Docu: Blood \$18.72 <input type="checkbox"/> CA125 \$96.82 <input type="checkbox"/> CA19-9 \$96.82 <input type="checkbox"/> CA 15-3 \$95.10 <input type="checkbox"/> Urine Cult \$99.33	<input type="checkbox"/> PSA \$191.11 <input type="checkbox"/> CPT INR \$46.07 <input type="checkbox"/> CPT \$33.66 <input type="checkbox"/> F14 Free \$123.76 <input type="checkbox"/> FSH \$129.34 <input type="checkbox"/> Calcium \$33.79 <input type="checkbox"/> ChE \$170.66 <input type="checkbox"/> Creatinine \$97.79 <input type="checkbox"/> Drug Screen \$75.75 <input type="checkbox"/> Chg \$78.32 <input type="checkbox"/> Cyt 8 0225 \$27.04 <input type="checkbox"/> Cyt 8 0225 \$27.04	<input type="checkbox"/> Glucose \$17.04 <input type="checkbox"/> DiglyA/c \$184.94 <input type="checkbox"/> Lipid Panel \$190.98 <input type="checkbox"/> Docu: Blood \$18.72 <input type="checkbox"/> F14 Free \$123.76 <input type="checkbox"/> Pap Smear \$202.76 <input type="checkbox"/> PSA \$191.11 <input type="checkbox"/> TSH \$129.34 <input type="checkbox"/> F14 Free \$123.76 <input type="checkbox"/> N/A 0225 \$27.04 \$27.04
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Some Medicare May Not Pay: Medicare does not pay for these laboratory tests for your condition. Medicare does not pay for these laboratory tests for your condition. Medicare does not pay for these laboratory tests as often as this listed as one frequent.

- 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 laboratory test(s) 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.

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

OPTION 1. I want the laboratory test(s) 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-pays or deductibles.

OPTION 2. I want the laboratory test(s) 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 laboratory test(s) 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:

Spec Info: attn: Cassie Cox

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

Signature: _____ Date: _____

According to the Affordable Care Act of 2010, no person or organization is required to respond to, or furnish information to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0046. This notice is required to complete this information collection. It is intended to inform you of the collection of information and to provide you with the opportunity to comment on this collection of information. If you do not wish to provide information, you should not respond to this collection of information. If you do respond, please include your name, address, and telephone number. You may also contact the Office of Management and Budget, Paperwork Reduction Project (0938-0046), Washington, DC 20503.

Form CMS-6131 (03-2020)
 Form Approved OMB No. 0938-0046

ADVANCE BENEFICIARY NOTICE (ABN) 8300