

McLaren Print System Order

Order No: 63272 Reprint Previous Order No: 56936
 Order Date: 2021-06-28
 User: Cherry Ebi
 Phone: 586-412-5117

Ship Location: Northgrove Attn Cherry
 44200 Garfield, Ste 164
 Clinton Twp, Mi 48038

Forms

Quantity: 500
 Paragon Dept No: 72150
 Dept Name: McLaren Macomb Northgrove Women
 Company Number: 260

Order Total Price: 117.00

Item Number: CMS-R-131
 Item Description: ABN - Pap Smear (Macomb)
 Revision Date: 9/2020
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: SS; 2 PART

FAMILY FIRST
 3099-Croft Rd, Ste 200
 Clinton, Twp, MI 48038

A. Notifier: DOB

B. Patient Name: C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D_PAP SMEAR 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_PAP SMEAR below.

B.	E. Reason Medicare May Not Pay:	F. Estimated Cost
PAP SMEAR	MEDICARE DOES NOT PAY FOR THIS SERVICE FOR YOUR CONDITION	\$17.00

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_PAP SMEAR 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 D_PAP SMEAR 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 D_PAP SMEAR 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 D_PAP SMEAR listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. 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.

I. Signature: _____ J. Date: _____

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Form CMS-R-131 (Exp. 06/30/2021) Form Approved OMB No. 0938-0268