

McLaren Print System Order

Order No: 7523
 Order Date: 2014-12-08
 User: Deborah Rodriguez
 Phone: 810-678-4090

Ship Location: **McLare -Lapeer Region - Metamora CMC Debbie Rodriguez**
 809 West Dryden Rd
 Metamora , mi 48455

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

Order Total Price: 18.35

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
 809E Dryden Road • Metamora, MI 48455
 (810) 678-4090

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"/>	History and	Medicare does not pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/>	Examination	Medicare does not pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/>	PA/ NP Exam	Medicare does not pay for this service as often as this.	\$79.00
<input checked="" type="checkbox"/>	OTN Exam	Medicare does not pay for this service as often as this.	\$179.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

We let you enter an amount: _____
 *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.
 *Check an option below about whether to receive the D. _____ listed 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 _____ listed above. You may ask to be paid some, but I also want Medicare to help for an official decision on payment, which is sent to the area Medicare Secondary Payer (MSP). 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 MSP. 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 some 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 or Medicare billing, call 1-800-MEDICARE (1-800-633-4227 TTY: 1-877-486-2948).
 Signing below means that you have received and understood this notice. You also receive a copy.

Signature: _____ Date: _____

Medicare is the National Health Insurance program for people 65 and older, people with disabilities, and people with End Stage Renal Disease. The cost of Medicare is based on the amount of income you earned. The cost of Medicare is based on the amount of income you earned. For more information, visit www.medicare.gov. For more information, visit www.medicare.gov. For more information, visit www.medicare.gov. For more information, visit www.medicare.gov.

Form 2014-01-01
 WHITE RECORD YELLOW PATIENT PINK ROUTER For record only in 2014-01