McLaren Business Products

**McLaren Print System Order**

**Order No: 8566 Reprint Previous Order No: 5396**
**Order Date: 2015-01-27**
**User: Michele Lubick**
**Phone: 586-263-0320**

**Ship Location: McLaren Macomb Family Medicine-Michele**
**16700 21 Mile Rd., Suite 101**
**Macomb, MI 48044**
**Forms**
**Quantity: 100**
**Paragon Dept No: 71600**
**Dept Name: McLaren Macomb Family Medicine**
**Company Number: 810**

**Order Total Price: 18.35**

**Item Number: MM-103A (8931) English**
**Item Description: ABN (McLaren Macomb Family Medicine Suite 101)**
**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 MACOMB FAMILY MEDICINE
16700 21 Mile Road • Suite 101 • Macomb, MI 48044
(586) 263-0320 • Fax (586) 263-1270

Notifier(s): 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 Items Daily: | Items or Services: | Reason Medicare May Not Pay: | Estimated Cost: |
|---|---|---|---|
| ☐ | B-12 Injection & Administration | Medicare does not pay for this service for your condition | $37.00 |
| ☐ | Chest X-ray | Medicare does not pay for this service for your condition | $87.00 |
| ☐ | EKG complete | Medicare does not pay for this service for your condition | $41.00 |
| ☐ | Hemoccult | Medicare does not pay for this service for your condition | $16.00 |
| ☐ | Urinalysis | Medicare does not pay for this service for your condition | $11.00 |
| ☐ | PAP Smear | Medicare does not pay for this service as often as this | $70.00 |
| ☐ | OTC Exam | Medicare does not pay for this service as often as this | $119.00 |
| ☐ | | | |
| ☐ | | | |
| ☐ | | | |
| ☐ | | | |

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 _____ 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 must 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 denies payment, 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 coinsurance 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: |
|---|---|

WHITE: RECORD YELLOW: PATIENT PINK: ROUTER