

McLaren Print System Order

Order No: 17245 Reprint Previous Order No: 5359
 Order Date: 2016-02-24
 User: Darlene Clarkson
 Phone: 586-286-4880

Ship Location: McLaren Macomb Clinton Twp WH att Darlene
 37400 Garfield, Suite 200
 Clinton Twp, mi 48036

Forms

Quantity: 500
 Paragon Dept No: 72100
 Dept Name: McLaren Macomb WH
 Company Number: 810

Order Total Price: 94.75

Item Number: MM-103A (8872) English
 Item Description: ABN (McLaren Macomb Clinton Township Womens Health)
 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
 CLINTON TOWNSHIP WOMEN'S HEALTH
 38273 Garfield, Clinton Twp, MI 48038
 (586) 286-4880

Beneficiary: _____ Patient Name: _____

ADVANCED BENEFCIARY NOTICE OF NONCOVERAGE (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)	Dates of Services	Reason Medicare May Not Pay	Estimated Cost
<input checked="" type="checkbox"/>	In-Office Injection & Administration	Medicare doesn't pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>	Chem. Scan	Medicare doesn't pay for this service for your condition.	\$67.00
<input checked="" type="checkbox"/>	ECG, complete	Medicare doesn't pay for this service for your condition.	\$4.00
<input checked="" type="checkbox"/>	Hemostasis	Medicare doesn't pay for this service for your condition.	\$1.00
<input checked="" type="checkbox"/>	Ultrasono	Medicare doesn't pay for this service for your condition.	\$13.00
<input checked="" type="checkbox"/>	PAF Exam	Medicare doesn't pay for this service as often as this.	\$79.00
<input checked="" type="checkbox"/>	GYN Exam	Medicare doesn't pay for this service as often as this.	\$19.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

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. *Costs above.*

Note: If you choose option 1 or 2, we may help you receive any extra medication 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 some, but I also want Medicare to bill for an official decision on payment, which is sent to the area Medicare Secondary Network (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 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 (1-800-633-4277) TTY: 1-877-486-2948.

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

Signature: _____ Date: _____

McLaren Macomb is an Equal Opportunity Employer. We are an affirmative action organization. We are committed to providing a safe and healthy work environment for all our employees. We are committed to providing a safe and healthy work environment for all our employees. We are committed to providing a safe and healthy work environment for all our employees. We are committed to providing a safe and healthy work environment for all our employees.

WHITE RECORD YELLOW PATIENT PINK ROUTER Form 100-010 (01/04)