

McLaren Print System Order

Order No: 18442 Reprint Previous Order No: 5405
Order Date: 2016-04-19
User: April Fenn
Phone: 517-975-9475

Ship Location: MGL Primary Care/Attn April Fenn
2270 Jolly Oak Rd Ste 1
Okemos, Mi 48864,

Forms
Quantity: 500
Paragon Dept No: 67750
Dept Name: MGL Primary Care
Company Number: 810

Order Total Price: 282.25

Item Number: MM-103A (67750) English
Item Description: ABN (McLaren Greater Lansing Primary Care)
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 GREATER LANSING PRIMARY CARE
2270 Jolly Oak Rd, Suite 1, Okemos, MI 48864
(517) 344-4140

Patient Name:
Patient ID:

ADVANCED BENEVOLENT 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 reasons to think you need. We expect Medicare may not pay for the D... before.

Table with 4 columns: Checked Item (Only), Description of Services, Reason Medicare May Not Pay, Estimated Cost. Rows include In-Office Injection & Administration, Chest X-ray, GUC, complex, Hemochem, Urinalysis, PAP smear, GYN Exam.

What you need to do now:
Read this notice, so you can make an informed decision about your care.
Ask us only 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 make any other decisions 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 now, but I also want Medicare to... 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 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.

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: 1-877-486-2949)
Signing below means that you have received and understood this notice. You also receive a copy.
Signature:
Date:
Printed Name:
Printed Date:
WHITE RECORD YELLOW PATIENT PINK ROUTER Form approved 08/16/16/16