

## McLaren Print System Order

Order No: 57165  
 Order Date: 2020-09-28  
 User: Judy Fago  
 Phone: 586-493-3610

Ship Location: Gratiot Medical Building  
 36500 Gratiot, Suite 102  
 Clinton Twp, MI 48035

### Forms

Quantity: 100  
 Paragon Dept No: 60330  
 Dept Name: MultiSpecialty  
 Company Number: 260

Order Total Price: 23.40

Item Number: CMS-R-131 (90732)  
 Item Description: ABN - Pneumovax (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  
 3000 Gratiot St, STE 200  
 Clinton Twp, MI 48035

A. Notifier: DOB

B. Patient Name: C. Identification Number:

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**Advance Beneficiary Notice of Non-coverage  
(ABN)**

**NOTE:** If Medicare doesn't pay for D. PNEUMOVAX 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. PNEUMOVAX below.

D.	E. Reason Medicare May Not Pay.	F. Estimated Cost.
MED # LOT # PNEUMOVAX 91166 (90732)	MEDICARE DOES NOT PAY FOR THIS SERVICE FOR YOUR CONDITION	\$141.00

**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. PNEUMOVAX 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. PNEUMOVAX 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. PNEUMOVAX 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. PNEUMOVAX 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 Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048) or visit [www.medicare.gov](http://www.medicare.gov). This notice means that you have received and understand this notice. You also receive a copy.

I. Signature: \_\_\_\_\_ J. Date: \_\_\_\_\_

### Spec Info:

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Form CMS-R-131 (Exp. 09/30/2021) Form Approved OMB No. 0938-0180