

McLaren Print System Order

Order No: 6602
 Order Date: 2014-10-20
 User: Lisa Fogarty
 Phone: 586-758-6263

Ship Location: McLaren Internal Medicine, Warren
 28585 Schoenherr
 Warren, MI 48088

Forms
 Quantity: 100
 Paragon Dept No: 71100
 Dept Name: McLaren Internal Medicine, Warren
 Company Number: 810

Order Total Price: 18.35

Item Number: MM-103A (8892) English
 Item Description: ABN (McLaren Macomb Warren Family & Internal Medicine)
 Revision Date:
 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
WARREN FAMILY & INTERNAL MEDICINE
 28585 Schoenherr, Warren, MI 48088
 (586) 758-6263

Beneficiary: _____ Patient Name: _____

ADVANCED BENEFICIARY NOTICE OF NON-COVERAGE (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 Item Only	Item or Service	Reason Medicare May Not Pay	Estimated Cost
<input checked="" type="checkbox"/>	In-Office Interpretation & Administration	Medicare does not pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>	Chem. Screen	Medicare does not pay for this service for your condition.	\$67.00
<input checked="" type="checkbox"/>	ECG, complete	Medicare does not pay for this service for your condition.	\$41.00
<input checked="" type="checkbox"/>	Hemostasis	Medicare does not pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/>	Urinalysis	Medicare does not pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/>	PSY Screen	Medicare does not pay for this service as often as this.	\$70.00
<input checked="" type="checkbox"/>	QYN Exam	Medicare does not pay for this service as often as this.	\$170.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

We do not intend to bill you. **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 bill for an official decision on payment, which is sent to the area Medicare Secondary Review (MSR). 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 MSR. 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.

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 program that provides health insurance for people 65 and older, people with disabilities, and people under 65 who are eligible for Medicare. 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. The cost of Medicare is based on the amount of income you earned.

Form MM-103A (8892) WHITE RECORD YELLOW PATIENT PINK ROUTER Form approved 08/16/2014