

## McLaren Print System Order

Order No: 6932  
 Order Date: 2014-11-05  
 User: karen maiorana  
 Phone: 586-843-3935

Ship Location: mclaren macomb lakewood  
 13425 nineteen mile rd., suite 100  
 sterling heights, mi 48313

Forms  
 Quantity: 100  
 Paragon Dept No: 71150  
 Dept Name: mclaren macomb lakewood  
 Company Number: 810

Order Total Price: 18.60

Item Number: MM-103A (71150) English  
 Item Description: ABN (McLaren Macomb Primary Care)  
 Revision Date:  
 Print: 1 sided black and white  
 Paper: 3 Part (White, Yellow, Pink)  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: 5 Hole Top  
 Misc Info:

**McLAREN MACOMB PRIMARY CARE**  
 13425 Nineteen Mile Road, Suite 100, Sterling Heights, MI 48313  
 Phone: (586) 843-3630 Fax: (586) 843-3947

Notice(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 Only                  | Item or Service                 | Reason Medicare May Not Pay                               | Estimated Cost |
|-------------------------------------|---------------------------------|---|----------------|
| <input checked="" type="checkbox"/> | B-12 Injection & Administration | Medicare does not pay for this service for your condition | \$17.00        |
| <input checked="" type="checkbox"/> | Chest X-ray                     | Medicare does not pay for this service for your condition | \$87.00        |
| <input checked="" type="checkbox"/> | EKG, complete                   | Medicare does not pay for this service for your condition | \$41.00        |
| <input checked="" type="checkbox"/> | Hemorrhoid                      | Medicare does not pay for this service for your condition | \$28.00        |
| <input checked="" type="checkbox"/> | Urolysis                        | Medicare does not pay for this service for your condition | \$15.00        |
| <input checked="" type="checkbox"/> | PSA Inset                       | Medicare does not pay for this service as often as this   | \$70.00        |
| <input checked="" type="checkbox"/> | GYN Exam                        | Medicare does not pay for this service as often as this   | \$110.00       |
| <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..... 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 typically pay for it.

**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 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-pay 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 do 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 (1-800-633-6227) TTY: 1-877-486-2048.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by the Regional Healthcare Mail & Mail, we reserve our responsibility to respond to a collection of information provided by the patient's name. The mail shall contain the best information available to us. This report is current. We reserve the right to change. I reserve the right to modify the way it makes information. Please contact us if you need more information and complete the information collection. You have the right to request a copy of this information. We will respond to you. Please call 1-800-MEDICARE for more information. If you have any questions, please call 1-800-MEDICARE (1-800-633-6227). From: (586) 843-3935 WHITE: RECORD YELLOW: PATIENT PINK: ROUTER From Agreement: (586) 843-3935