

McLaren Print System Order

Order No: 7544
Order Date: 2014-12-09
User: Angela DeLaRosa
Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct, Suite 201
Bay City, MI 48706

Forms
Quantity: 100
Paragon Dept No: 69325
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 18.35

Item Number: MM-103A (69325) English
Item Description: ABN (McLaren Bay AuGres Family Medicine)
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 BAY AUGRES FAMILY MEDICINE
401 East Haven, AuGres, MI 48709
Phone: (989) 532-4100 Fax: (989) 532-4110

Notifiance: 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.

Table with 4 columns: Checked Item Only, Item or Service, Reason Medicare May Not Pay, Estimated Cost. Rows include B-1 Injection & Administration, Chest X-ray, EKG complete, Hemsworth, Urinalysis, PNP Exam, GYN Exam.

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.

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... 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... OPTION 3, I don't want the listed above. I understand with this choice I am not responsible for payment...

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: 1-877-486-2048.

Signature: Date:

WHITE RECORD YELLOW PATIENT PINK ROUTER