

McLaren Print System Order

Order No: 5632
 Order Date: 2014-09-03
 User: Shamiah Specht

Ship Location: TEST
 none
 none, MI 48462

Forms
 Quantity: 500
 Paragon Dept No: 92171
 Dept Name: Art
 Company Number: 810

Order Total Price: 95.50

Form Number: MM-103A (61160) English
 Form Description: ABN (McLaren Central Michigan Readycare Walk In Clinic)
 Revision Date: 1/2012
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top

McLAREN CENTRAL MICHIGAN - READY-CARE WALK-IN CLINIC
 1625 S. MICHIGAN STREET • N.E. FARMINGTON, MI 48335
 (313) 775-1188

Number: _____ Patient Name: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for this service, 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 Code	Dates of Services	Reason Medicare May Not Pay	Estimated Cost
<input checked="" type="checkbox"/> 01		Medicare does not pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/> 02		Medicare does not pay for this service for your condition.	\$47.00
<input checked="" type="checkbox"/> 03		Medicare does not pay for this service for your condition.	\$41.00
<input checked="" type="checkbox"/> 04		Medicare does not pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/> 05		Medicare does not pay for this service for your condition.	\$11.00
<input checked="" type="checkbox"/> 06		Medicare does not pay for this service as often as this.	\$70.00
<input checked="" type="checkbox"/> 07		Medicare does not pay for this service as often as this.	\$119.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

What do you want to do next?
 *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. _____ listed above.
 *Choose an option below always in bold to ensure the CD _____ listed above.
 Medicare cannot require us to do this.

OPTION 1 - I want the _____ listed above. You may ask us to bill Medicare. You may ask to be paid even if I am responsible for payment. I cannot appeal if Medicare is not billed.

OPTION 2 - I want the _____ listed above, but do not bill Medicare. You may ask to be paid even if 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 (1-800-653-4227) TTY: 1-877-486-2049.

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

Signature: _____ Date: _____

McLaren is a trademark of McLaren Health Care. All other trademarks are the property of their respective owners. © 2012 McLaren Health Care. All rights reserved. This notice is for informational purposes only. It is not intended to constitute an offer of insurance or any other financial product. For more information, please contact your insurance agent or broker. The first recipient of this notice is deemed to be the insured. If you are not the insured, please contact your insurance agent or broker for more information. This notice is provided to you for informational purposes only. It is not intended to constitute an offer of insurance or any other financial product. For more information, please contact your insurance agent or broker. This notice is provided to you for informational purposes only. It is not intended to constitute an offer of insurance or any other financial product. For more information, please contact your insurance agent or broker.

Form MM-103A (61160) WHITE RECORD YELLOW PATIENT PINK ROUTER For Internal Use W 3/04/12