

McLaren Print System Order

Order No: 6636
 Order Date: 2014-10-21
 User: Shelby Coolbaugh
 Phone: 517-975-3803

Ship Location: MGL Primary Care
 2270 Jolly Oak Rd, Suite 1
 Okemos, MI 48864

Forms
 Quantity: 500
 Paragon Dept No: 67750
 Dept Name: MGL Primary Care
 Company Number: 810

Order Total Price: 273.25

Item Number: MM-103A (67750) English
 Item Description: ABN (McLaren Greater Lansing Primary Care)
 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 GREATER LANSING PRIMARY CARE
 2270 Jolly Oak Rd, Suite 1, Okemos, MI 48864
 (517) 344-4140

Supplier: _____ Patient Name: _____

ADVANCED BENEVOLENT NOTICE OF NON-COVERAGE (ABN)

NOTE: If Medicare doesn't pay for D, _____ before, 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 _____ before.

Checked Item (Only)	Item or Service	Reason Medicare May Not Pay	Estimated Cost
<input checked="" type="checkbox"/>	In-Office Injection & 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.	\$47.00
<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.	\$1.00
<input checked="" type="checkbox"/>	Uric Acid	Medicare does not pay for this service for your condition.	\$13.00
<input checked="" type="checkbox"/>	PSY Screen	Medicare does not pay for this service as often as this.	\$79.00
<input checked="" type="checkbox"/>	QYN Exam	Medicare does not pay for this service as often as this.	\$119.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Who is your doctor or provider?
 *Read this notice, so you can make an informed decision about your care.
 *Ask us only 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 receive any extra medication that you might have, but Medicare cannot require us to do this.

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 some, but I also want Medicare to bill for an official decision on payment, which is sent to the area Medicare Secondary Network (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 charges or deductibles.

OPTION 2: I want the _____ listed above, but do not bill Medicare. You may ask to be paid some so 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 (1-800-633-4277) TTY: 1-877-486-2948.

Sign your name that you have received and understood this notice. You also receive a copy.

Signature: _____ Date: _____

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