

McLaren Print System Order

Order No: 6826
 Order Date: 2014-10-31
 User: Holly Reibel
 Phone: 248-627-3535

Ship Location: Holly Reibel
 180 N. Ortonville Rd
 Ortonville, MI 48462

Forms
 Quantity: 500
 Paragon Dept No: 73250
 Dept Name: McLaren Ortonville
 Company Number: 810

Order Total Price: 91.75

Item Number: MM-103A (8960) English
 Item Description: ABN (McLaren Oakland Ortonville 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 OAKLAND
 ORTONVILLE FAMILY & INTERNAL MEDICINE
 180 N. ORTONVILLE RD., ORTONVILLE, MI 48462
 (248) 627-3535

Beneficiary: _____ Patient Name: _____

ADVANCED BENEFCIARY 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 reasons to think you need. We expect Medicare may not pay for the D _____ below.

Checked Item (Only)	Dates of Services	Reason Medicare May Not Pay	Estimated Cost
<input checked="" type="checkbox"/>		Medicare doesn't pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>		Medicare doesn't pay for this service for your condition.	\$67.00
<input checked="" type="checkbox"/>		Medicare doesn't pay for this service for your condition.	\$41.00
<input checked="" type="checkbox"/>		Medicare doesn't pay for this service for your condition.	\$1.00
<input checked="" type="checkbox"/>		Medicare doesn't pay for this service for your condition.	\$13.00
<input checked="" type="checkbox"/>		Medicare doesn't pay for this service as often as this.	\$79.00
<input checked="" type="checkbox"/>		Medicare doesn't pay for this service as often as this.	\$119.00
<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 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 now, but I also want Medicare to bill for an official decision on payment, which is sent to the area Medicare intermediary (MIO). 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 MIO. If Medicare does pay, you will receive 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 (1-800-633-4277) TTY: 1-877-486-2949.

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

Signature: _____ Date: _____

McLaren Oakland Ortonville Family & Internal Medicine is an Equal Opportunity Employer. We are an affirmative action employer. We are also a minority and disabled individual friendly organization. For more information, please contact our Human Resources Department at (248) 627-3535. Form MM-103A (8960) 10/2014

WHITE RECORD YELLOW PATIENT PINK ROUTER Form received 10/31/2014