

McLaren Print System Order

Order No: 7533
 Order Date: 2014-12-08
 User: Michele Lubick
 Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele
 16700 21 Mile Rd., Suite 101
 Macomb, MI 48044

Forms
 Quantity: 100
 Paragon Dept No: 71600
 Dept Name: McLaren Macomb Family Medicine
 Company Number: 810

Order Total Price: 18.60

Item Number: MM-103A (8931) English
 Item Description: ABN (McLaren Macomb Family Medicine Suite 101)
 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
 Misc Info:

McLAREN MACOMB FAMILY MEDICINE
 16700 21 Mile Road • Suite 101 • Macomb, MI 48044
 (586) 263-0320 • Fax (586) 263-1276

Beneficiary: _____ Patient Name: _____

ADVANCED BENEFICIARY 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. Scan	Medicare does not pay for this service for your condition.	\$67.00
<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"/>	Ultrasono	Medicare does not pay for this service for your condition.	\$13.00
<input checked="" type="checkbox"/>	PAF Exam	Medicare does not pay for this service as often as this.	\$79.00
<input checked="" type="checkbox"/>	OTN Exam	Medicare does not pay for this service as often as this.	\$179.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

How do you want to proceed?
 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.
 Check an option below about whether to receive the D. *Costed above.*

Note: If you choose option 1 or 2, we may help you receive any extra medication that you might have, but Medicaid cannot replace us for 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 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 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 (1-800-633-4227 TTY: 1-877-486-2948).

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

Signature: _____ Date: _____

Medicare is the National Health Insurance program for people 65 and older, people with disabilities, and people with End Stage Renal Disease. The cost of Medicare is based on the amount of income you earned. The cost of Medicare is based on the amount of income you earned. For more information, visit www.medicare.gov.

Form MM-103A (8931) 1/2012

WHITE RECORD YELLOW PATIENT PINK ROUTER

Form approved 08/16/2014