

**McLaren Print System Order**

**Order No:** 71705  
**Order Date:** 2022-08-11  
**User:** colleen taraskavage  
**Phone:** 810-658-6503

**Ship Location:** MMG Davison Community Medical Center  
10090 E. Lippincott Blvd  
Davison, Michigan 48423

**Forms**

**Quantity:** 500  
**Paragon Dept No:** 50002  
**Dept Name:** MMG Davison CMC  
**Company Number:** 60

**Order Total Price:** 282.25

**Item Number:** M-103  
**Item Description:** Advance Beneficiary Notice (ABN)  
**Revision Date:** 5/2018  
**Print:** 1 sided black and white  
**Paper:** 3 Part (White, Yellow, Pink)  
**Size:** 8.5 x 11  
**Fold:**  
**Finish:**  
**Drill:**  
**Poster:**  
**Misc Info:** 3 Part

McLaren Flint

A. Notifier:

B. Patient Name:

C. Identification Number:

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 3 columns: D., E. Reason Medicare May Not Pay:, F. Estimated Cost

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.
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1. I want the D. \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (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 co-pays or deductibles.
OPTION 2. I want the D. \_\_\_\_\_ 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 D. \_\_\_\_\_ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. 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: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature: J. Date:

According to the Paperwork Reduction Act of 1995, an estimate of the burden of this collection of information is estimated to average 7 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, OIG Security Division, Ask PRA Support Center Office, Baltimore, Maryland 21204-1208.

Form CMS-R-131 (03/11) Form Approved OMB No. 0938-0566

ADVANCE BENEFICIARY NOTICE (ABN) 08-Nov-11



Printed Name: Date of Bill:

Spec Info: