

## McLaren Print System Order

Order No: 74549  
 Order Date: 2023-01-10  
 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: 0.00

Item Number: 103  
 Item Description: Advance Beneficiary Notice of Noncoverage (ABN)  
 Revision Date: 1/2012  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Poster:  
 Misc Info:

A. Notifier: McLaren Flint  
 B. Patient Name:  
 C. Identification Number:

### Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn't pay for the \_\_\_\_\_ 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 \_\_\_\_\_ below.

| 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 \_\_\_\_\_ listed above.
- Note:** If you choose Option 1 or 2, we may help you to see 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 \_\_\_\_\_ 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 \_\_\_\_\_ 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.**

H. Additional Information:

**Spec Info:** This notice gives our opinion, not an official Medicare decision. If you have other questions on Medicare billing, call 1-800-MEDICARE (1-800-433-4272/TTY: 1-877-486-2048).

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

I. Signature: \_\_\_\_\_ J. Date: \_\_\_\_\_

McLaren Flint is a participant in the Medicare program. This notice is required by law. The information on this notice is for informational purposes only. It does not constitute an offer of insurance or any other financial product. The actual terms, coverages, conditions, exclusions, and limitations of any insurance policy are contained in the actual policy. Please refer to the actual policy for complete terms, coverages, conditions, exclusions, and limitations. If you have any questions regarding the accuracy of the information on this notice, please call us at 1-800-658-6503. ©2012 McLaren Flint. All Rights Reserved. Office: Davison, Michigan 48423-1000

Form CMS-855-N (03-11) Form Approval CMS No. 0908-0166

ADVANCE BENEFICIARY NOTICE (ABN)



8303

Form Date:

Form No.: