McLaren Business Products

McLaren Print System Order

Order No: 89221
Order Date: 2024-10-23
Order Request Date:
User: MICHELLE GALATI
Phone: 5867254604

Ship Location: McLaren Womens Health Chesterfield
51086 Fairchild Rd
Chesterfield, Michigan 48051
Brochures
Quantity: 100
Paragon Dept No: 72000
Dept Name: McLaren Womens Health Chesterfield
Company Number:

Order Total Price: 23.40

Item Number: CMS-R-131
Item Description: ABN - Pap Smear (Macomb)
Revision Date: 9/2020
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: SS; 2 PART

FAMILY FIRST
26200 Crocker St, STE 202
Clinton, Twp, MI 48035

A. Notifier: DOB

B. Patient Name: C. Identification Number:

Advance Beneficiary Notice of Non-coverage
(ABN)

NOTE: If Medicare doesn't pay for D. PAP SMEAR 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. PAP SMEAR below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
PAP SMEAR	MEDICARE DOES NOT PAY FOR THIS SERVICE FOR YOUR CONDITION	$172.00

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. PAP SMEAR 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. PAP SMEAR 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:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: ASFormatRequest@cms.hhs.gov.

Form CMS-R-131 (Exp. 06/30/2023) Form Approved OMB No. 0938-0566

Spec Info: