

## McLaren Print System Order

Order No: 91412  
 Order Date: 2025-01-10  
 User: Dorothy Craig  
 Phone: 5176474166

Ship Location: McLaren MMP Portland Family Care  
 406 Kent St.  
 Portland MI,48875

Brochures  
 Quantity: 100  
 Paragon Dept No: 68375  
 Dept Name: MGL MMP Portland Family Care  
 Company Number: LAN10

Order Total Price: 22.40

Item Number: MM-103A  
 Item Description: ABN English  
 Revision Date: 6/2020  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Poster:  
 Misc Info: 8.5x11 Black DS

A. Notifier: \_\_\_\_\_ C. Identification Number: \_\_\_\_\_  
 B. Patient Name: \_\_\_\_\_

---

**Advance Beneficiary Notice of Non-coverage (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.

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: \_\_\_\_\_

**Spec Info:** This is our opinion, not an official Medicare decision. If you have other questions on this notice of 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: \_\_\_\_\_

CMN does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: [ALT@medicare.com-Alt-act](mailto:ALT@medicare.com-Alt-act).

According to the Payment, Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0046. You do not have to provide this information collection if you do not have to provide information, search existing data sources, gather the data needed, and complete and review the information collected. If you do not wish to provide the information at the time indicated in response to this notice, please write to: CMS, 7500 Security Boulevard, Room 7000, Baltimore, Maryland 21242-4302.