

Patient Name:

Provider:

DOB:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for the listed items 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.

Items of Service	Reason Medicare May NOT Pay:	Estimated Cost
*Screening PAP Smear specimen collection (Q0091)	Medicare only allows for preventative screening once every TWO years	\$50.00 - \$150.00
*Screening Pelvic/Breast Exam G0101)		
*Colorectal Cancer Screening (Hemocult) (G0328)	Medicare does not allow for certain research test (i.e. C125, CEA) and is dependent upon diagnosis	\$100.00-\$250.00 \$10.00-\$25.00
*Bone Density Study (77080)		
*Laboratory Test		\$100.00-\$300.00
*Equipment/Supplies	Medicare may allow for collection of specime or supplies (i.e. pessary)	\$100.00-\$300.00
*HPV Laboratory Testing		\$50.00-\$200.00

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 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.

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 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.**

☐ **OPTION 4.** If the beneficiary refuses to choose an option or sign the ABN, you should annotate the original copy of the ABN indicating the refusal to choose an option or sign the ABN. You may list any witnesses to the refusal on the ABN, although a witness is not required. If a beneficiary refuses to sign a properly issued ABN, you should consider not furnishing the item or service unless the consequences (health and safety of the beneficiary or civil liability in case of harm) prevent this option.

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.

Signature:

Date: