

## ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Account #: \_\_\_\_\_

**Note:** If Medicare doesn't pay for the **(D)** test (s) checked 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)** test(s) checked below.

(D) Test	Reason	Cost Approx	(D) Test	Reason	Cost Approx
<input type="checkbox"/> PT	<input type="checkbox"/> Diag and/ or Freq	\$16.00	<input type="checkbox"/> Thyroid Profile	<input type="checkbox"/> Diag and/ or Freq	\$49.00
<input type="checkbox"/> PTT	<input type="checkbox"/> Diag	\$18.00	<input type="checkbox"/> Iron / IBC	<input type="checkbox"/> Diag and/ or Freq	\$50.00
<input type="checkbox"/> CBC	<input type="checkbox"/> Diag	\$26.00	<input type="checkbox"/> Ferritin	<input type="checkbox"/> Diag and/ or Freq	\$45.00
<input type="checkbox"/> CBCD	<input type="checkbox"/> Diag	\$28.00	<input type="checkbox"/> CEA	<input type="checkbox"/> Diag and/ or Freq	\$55.00
<input type="checkbox"/> Hematocrit	<input type="checkbox"/> Diag	\$9.00	<input type="checkbox"/> CA 125	<input type="checkbox"/> Diag	\$74.00
<input type="checkbox"/> Hemoglobin	<input type="checkbox"/> Diag	\$8.00	<input type="checkbox"/> CA 19.9	<input type="checkbox"/> Diag	\$80.00
<input type="checkbox"/> Hgb A1C	<input type="checkbox"/> Diag	\$28.00	<input type="checkbox"/> CA 27.29	<input type="checkbox"/> Diag	\$80.00
<input type="checkbox"/> Retic	<input type="checkbox"/> Diag	\$12.00	<input type="checkbox"/> HCG	<input type="checkbox"/> Diag	\$46.00
<input type="checkbox"/> PSA Screen	<input type="checkbox"/> Diag and/ or Freq	\$57.00	<input type="checkbox"/> AFPTM	<input type="checkbox"/> Diag	\$52.00
<input type="checkbox"/> PSA Diagnostic	<input type="checkbox"/> Diag and/ or Freq	\$57.00	<input type="checkbox"/> Collagen Cross	<input type="checkbox"/> Diag	\$75.00
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Diag	\$16.00	<input type="checkbox"/> GGT	<input type="checkbox"/> Diag	\$23.00
<input type="checkbox"/> Lipid Profile	<input type="checkbox"/> Diag and/ or Freq	\$47.00	<input type="checkbox"/> Urine Culture	<input type="checkbox"/> Diag	\$50.00est
<input type="checkbox"/> HDL or LDL	<input type="checkbox"/> Diag and/ or Freq	\$30.00	<input type="checkbox"/> Fecal Occult Blood	<input type="checkbox"/> Diag	\$45.00
<input type="checkbox"/> Digoxin	<input type="checkbox"/> Diag	\$37.00	<input type="checkbox"/> Hepatitis Panel	<input type="checkbox"/> Diag	\$200.00est
<input type="checkbox"/> Glucose	<input type="checkbox"/> Diag and/ or Freq	\$14.00	<input type="checkbox"/> Natriuretic Peptide (BNP)	<input type="checkbox"/> Diag	\$98.00
<input type="checkbox"/> Lyme	<input type="checkbox"/> Diag	\$42.00	<input type="checkbox"/> HIV (DX & /or Monitor)	<input type="checkbox"/> Diag	\$35-200
<input type="checkbox"/> TSH	<input type="checkbox"/> Diag and/ or Freq	\$49.00	<input type="checkbox"/> Vitamin D	<input type="checkbox"/> Diag	\$86.00
<input type="checkbox"/> Drug Screen Qual	<input type="checkbox"/> Diag	\$150.00	<input type="checkbox"/> Drug Confirmation	<input type="checkbox"/> Diag	\$85.00

### 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) test / tests** 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 does not require us to do this.

<b>(G) OPTIONS:</b> Check only one box. We cannot choose a box for you. <input type="checkbox"/> <b>OPTION 1.</b> I want the <b>(D) test / tests</b> listed above. I want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles. <input type="checkbox"/> <b>OPTION 2.</b> I want the <b>(D) test / tests</b> listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. <b>I cannot appeal if Medicare is not billed.</b> <input type="checkbox"/> <b>OPTION 3.</b> *I don't want the <b>(D) tests / tests</b> listed above. I understand with this choice I am not responsible for payment, and <b>I cannot appeal to see if Medicare would pay.</b>
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**(H)\*** If Option 3 is checked please notify the ordering physician that you chose not to have the test(s) done.

**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 of patient or person acting on patient's behalf:	Date:	Issued by:
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