

**Advance Beneficiary Notice of Noncoverage (ABN)**

**A. Notifier:** \_\_\_\_\_ **B. Patient Name:** \_\_\_\_\_ **C. ID #:** \_\_\_\_\_

**NOTE:** If Medicare doesn't pay for **D. (listed below)**, you may have to pay. Medicare does not pay for everything, even some care that you or your healthcare provider have good reason to think you need.

| <b>D. Test ordered<br/>(To be filled out by physician)</b> | <b>E. Reason Medicare May Not Pay:</b>  | <b>F. Estimated<br/>Cost</b> |
|--|---|------------------------------|
|  | 1. Service is usually covered by Medicare but may be considered not medically reasonable and necessary.<br>2. Frequency limitations have been exceeded. |                              |

**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 service listed above in column D.

**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:**

**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.

|                      |                 |
|----------------------|-----------------|
| <b>I. Signature:</b> | <b>J. Date:</b> |
|----------------------|-----------------|

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