

Patient Name: _____

Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for the laboratory tests 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 laboratory tests below.

Laboratory Tests			Reason Medicare May Not Pay:
<input type="checkbox"/> AFP (\$65.00) <input type="checkbox"/> Allergy Testings <input type="checkbox"/> B-12 (\$53.00) <input type="checkbox"/> CA 125 (\$73.00) <input type="checkbox"/> CA 15-3 (\$62.00) <input type="checkbox"/> CA 19-9 (\$76.00) <input type="checkbox"/> Carnitine (\$200.00) <input type="checkbox"/> CBC (\$30.00) <input type="checkbox"/> CEA (\$68.00) <input type="checkbox"/> Cholesterol (\$16.00) <input type="checkbox"/> Digoxin (\$39.00) <input type="checkbox"/> Direct LDL (\$30.00) <input type="checkbox"/> Drug Screens (\$25.00-\$35.00) <input type="checkbox"/> Ferritin (\$46.00) <input type="checkbox"/> Folate (\$51.00) <input type="checkbox"/> GGTP (\$15.00) <input type="checkbox"/> Glucose (\$16.00)	<input type="checkbox"/> HCG Quant (\$53.00) <input type="checkbox"/> HDL (\$29.00) <input type="checkbox"/> Hepatitis Panel (\$132.00) <input type="checkbox"/> Hgb A1c (\$41.00) <input type="checkbox"/> HGB/HCT (\$30.00) <input type="checkbox"/> HIV (\$49.00) <input type="checkbox"/> Homocysteine (\$169.00) <input type="checkbox"/> HS CRP (\$85.00) <input type="checkbox"/> Iron (\$17.00) <input type="checkbox"/> Lipid Panel (\$51.00) <input type="checkbox"/> LP-PLAC2 (PLAC) (\$178.50) <input type="checkbox"/> Platelet (\$20.00) <input type="checkbox"/> Protime (\$20.00) <input type="checkbox"/> PSA (\$68.00) <input type="checkbox"/> PTT (\$27.00) <input type="checkbox"/> Stool Occult Blood/ Methodology Dependent	<input type="checkbox"/> (\$13.00/\$45.00) <input type="checkbox"/> T3 Free (\$73.00) <input type="checkbox"/> T3 (\$25.00) uptake <input type="checkbox"/> T4 Free (\$42.00) <input type="checkbox"/> T4 (\$25.00) <input type="checkbox"/> TIBC (\$26.00) <input type="checkbox"/> Triglycerides (\$15.00) <input type="checkbox"/> TSH (\$58.00) <input type="checkbox"/> Urine culture (\$30.00) <input type="checkbox"/> Vitamin B6 (\$213.00) <input type="checkbox"/> Vitamin D (\$99.00)	<p>1. Medicare does not pay for these tests as often as this (Denied as too frequent)</p> <p>OR</p> <p>2. Medicare does not pay for these tests for your condition.</p> <p>Flow Cytometry (\$300.00-\$500.00)</p>

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 about whether to receive the laboratory 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 cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the laboratory tests listed above. You may ask me to pay 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 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 laboratory tests listed above, but do not bill Medicare. I will pay now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the laboratory tests listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call (1-800-633-4227/TTY: 1-887-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature: _____

Date: _____