



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.

D. Test ordered (To be filled out by physician)	E. Reason Medicare May Not Pay:	F. Estimated Cost
	1. Service is usually covered by Medicare but may be considered not medically reasonable and necessary. 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.
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.

I. Signature:	J. Date:
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