#43



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3/21/07

CMS

7500 Security Blvd.

Attn: PRA Reports Clearance Officer

Mail Stop C4-26-05

Baltimore MD 21244-1850

I have just downloaded the proposed new ABN and am absolutely horrified by the errors in it.

See the copy attached and corrections below.

- 1) The quote mark should appear after the period. Should bedescribed under "Reason."
- 2) "You may receive"
- 3) 'about' is superfluous when used with 'estimated.' Should be "We have estimated how much you may ... "
- 4) Should be ".... opinion that Medicare will not pay."
- 5) Should be "... though Medicare does not require us to do this."
- 6) The 3rd sentence under #3 makes no sense. "You can ask for payment now that will be refunded if Medicare pays." Does this sentence refer to the doctor or to the patient? If it pertains to the patient why would the patient ask for payment; and payment from whom?
- 7) Privacy Notice at bottom—'Privacy' is misspelled.
- 8) "things" is not very expressive, PLUS it may not be a thing but a service. Therefore suggest the sentence read: "NOTE: There are limits to what Medicare will pay for; you may have to pay."
- 9) I questions that there is such a word as noncoverage. I believe it should be Non-coverage or Non-Coverage but that should be determined by an appropriate editor.
- 10) Replace the word "get" with "receive" a copy.

R. Dean Harman, DC

(B) Beneficiary Name:	(C) Identification	Number:
Advance Benefici	ary Notice of Noncovera	ge (ABN)
NOTE: If Medicare does no	ot pay for things listed below,	you may have to pay.
e think Medicare will not pay for the "It can be cribed under "Reason". You still can be son to think you need it, but it is likely you have to pay under "Estimate"	eive this care, since you or your hea ou or other insurance will have to pa	lth care provider may have go y. We have estimated about ho
(D) Item(s)/Service(s):	(E) Reason:	(F) Estimated Cost:
	ent. A 13 th No. Section of 315 colors of 365 color against Manager Williams Williams Milliams Milliams Manager Manage	
	THE TO THE	
opinion that Medicare won't pay. This is if you need it. For questions on this notice (1-800-633-4227/TTY: 1-877-486-2048) You need to make a choice about receive options below. We cannot choose for your need to make a choice about receive the control of the c). ving the care listed above. You mu	
We must bill Medicare when you ask to Ontion 2 or 3 below, though Medicare or	is to. We may help you with billing	other insurance if you choose
We must bill Medicare when you ask to Option 2 or 3 below, though Medicare ca	us to We may help you with billing anno require us to do this.	other insurance if you choose
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Boulevard, Attn. PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. OMB Approval No. 0938-0566

Form No. CMS-R-131

information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security

(June 2007)