(A) Notifier(s): (B) Patient Name:	(C) Identification Number:	
ADVANCE BENEFICIANOTE: If Medicare doesn't pay for	ARY NOTICE OF NONCOVERAGE (A	
	even some care that you or your health car pect Medicare may not pay for the (D)	re provider have below
(D)	(E) Reason Medicare May Not Pay:	(F) Estimated Cost:
 Ask us any questions that you r Choose an option below about Note: If you choose Option 	ake an informed decision about your care. may have after you finish reading. whether to receive the <i>(D)</i> l 1 or 2, we may help you to use any other ght have, but Medicare cannot require us to	isted above.
	y one box. We cannot choose a box for	
now, but I also I want Medicare billed a Medicare Summary Notice (MSN). responsible for payment, but I can ap If Medicare does pay, you will refund OPTION 2. I want the (D) ask to be paid now as I am responsible OPTION 3. I don't want the (D) I am not responsible for payment, a	le for payment. I cannot appeal if Medica	s sent to me on am as on the MSN. or deductibles. care. You may re is not billed.
(H) Additional Information:		
on this notice or Medicare billing, call :	n official Medicare decision. If you have 1-800-MEDICARE (1-800-633-4227/TTY: 1 eceived and understand this notice. You also	-877-486-2048).
(I) Signature:	(J) Date:	
number. The valid OMB control number for this information average 7 minutes per response, including the time to review	ons are required to respond to a collection of information unless it d collection is 0938-0566. The time required to complete this informat instructions, search existing data resources, gather the data needed, a accuracy of the time estimate or suggestions for improving this form timore, Maryland 21244-1850.	tion collection is estimated to and complete and review the

Notifier(s): Patient Name:	Identification Number:		
Advance Beneficiary Notice of Noncoverage (ABN) NOTE: If Medicare doesn't pay for items or services 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 items or services below.			
Items or Services:	Reason Medicare May Not Pay:	Estimated Cost:	
WHAT YOU NEED TO DO NOW:			
 Ask us any questions that you n Choose an option below about n Note: If you choose Option 2 	ake an informed decision about your care. nay have after you finish reading. whether to receive the items or services lis L or 2, we may help you to use any other ght have, but Medicare cannot require us t		
OPTIONS: Check only o	ne box. We cannot choose a box for yo	ou.	
now, but I also I want Medicare billed a Medicare Summary Notice (MSN). responsible for payment, but I can ap If Medicare does pay, you will refund a OPTION 2. I want the items of ask to be paid now as I am responsible OPTION 3. I don't want the item I am not responsible for payment, and	r services listed above. You may collect more an official decision on payment, which I understand that if Medicare doesn't pay, peal to Medicare by following the directionary payments I made to you, less co-pays reservices listed above, but do not bill Medicare for payment. I cannot appeal if Medicarems or services listed above. I understand I cannot appeal to see if Medicare would	is sent to me on I am ns on the MSN. or deductibles. icare. You may are is not billed. I with this choice	
Additional Information:			
	n official Medicare decision. If you have L-800-MEDICARE (1-800-633-4227/TTY: 1		
	ed and understand this notice. You also receive	е а сору.	
Signature:	Date:		
number. The valid OMB control number for this information average 7 minutes per response, including the time to review	ons are required to respond to a collection of information unless it collection is 0938-0566. The time required to complete this information instructions, search existing data resources, gather the data needed, accuracy of the time estimate or suggestions for improving this formationer, Maryland 21244-1850.	ation collection is estimated t and complete and review the	

Notifier(s): Patient Name:	Identification Number:			
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN) NOTE: If Medicare doesn't pay for 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:	Estimated Cost:		
	Medicare does not pay for these tests for your condition.			
	Medicare does not pay for these tests as often as ordered for you.			
WHAT YOU NEED TO DO NOW:	Medicare does not pay for experimental or research use tests.			
 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 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	e box. We cannot choose a box for you.			
OPTION 1. I want the laboratory tests listed above. You may collect money from me now, but I also I 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 laboratory tests 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 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.				
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. Signature: Date:				
Signature.	Date.			
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the 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 Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.				