(A) Notifier(s): (B) Patient Name:	(C) Identification Number:	
Advance Be	ENEFICIARY NOTICE OF NONCOVERAGE on't pay for <i>(D)</i> below, you n	(ABN) nay have to pay.
	everything, even some care that you or your health eed. We expect Medicare may not pay for the <b>(D)</b>	care provider have below
(D)	(E) Reason Medicare May Not Pay:	(F) Estimated Cost:
WHAT YOU NEED TO DO N	NOW:	
<ul> <li>Ask us any questions</li> <li>Choose an option bel</li> <li>Note: If you choose</li> </ul>	you can make an informed decision about your care is that you may have after you finish reading. Iow about whether to receive the <i>(D)</i> se Option 1 or 2, we may help you to use any other hat you might have, but Medicare cannot require us	listed above.
(G) OPTIONS:	Check only one box. We cannot choose a box f	or you.
a Medicare Summary Notice responsible for payment, but If Medicare does pay, you want ask to be paid now as I am OPTION 3. I don't want I am not responsible for page 1.	care billed for an official decision on payment, which ce (MSN). I understand that if Medicare doesn't pay ut I can appeal to Medicare by following the direct will refund any payments I made to you, less co-pay the (D) listed above, but do not bill Medicare sponsible for payment. I cannot appeal if Medicare want the (D) listed above. I understand ayment, and I cannot appeal to see if Medicare wayment, and I cannot appeal to see if Medicare wayment.	th is sent to me on y, I am tions on the MSN. ys or deductibles. edicare. You may care is not billed.
(H) Additional Information	ı:	
•	nion, not an official Medicare decision. If you have billing, call <b>1-800-MEDICARE</b> (1-800-633-4227/ <b>TTY</b>	•
Signing below means that you  (I) Signature:	have received and understand this notice. You also received ( <i>J</i> ) Date:	ive a copy.
number. The valid OMB control number for average 7 minutes per response, including the information collection. If you have comment	of 1995, no persons are required to respond to a collection of information unless this information collection is 0938-0566. The time required to complete this informetion to review instructions, search existing data resources, gather the data need to concerning the accuracy of the time estimate or suggestions for improving this fance Officer, Baltimore, Maryland 21244-1850.	ormation collection is estimated to led, and complete and review the
. J J LJI (////J/)	i oi iii Appi oved o	1101 0330-0300

Notifier(s): Patient Name:	Identification Numbe	r:	
ADVANCE BENEFICIA  NOTE: If Medicare doesn't pay fo			
Medicare does not pay for everything, good reason to think you need. We exp	-	-	•
Items or Services:	Reason Medicare May	Not Pay:	Estimated Cost:
WHAT YOU NEED TO DO NOW:			
<ul> <li>Read this notice, so you can ma</li> <li>Ask us any questions that you n</li> <li>Choose an option below about v</li> <li>Note: If you choose Option 1</li> <li>insurance that you mig</li> </ul>	nay have after you finish whether to receive the ite	reading. ems or services liste to use any other	
OPTIONS: Check only o	ne box. We cannot cho	ose a box for you	
OPTION 1. I want the items of 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	for an official decision or I understand that if Medic peal to Medicare by folloany payments I made to services listed above, be for payment. I cannot ems or services listed above.	n payment, which is care doesn't pay, I a owing the directions you, less co-pays out do not bill Medica appeal if Medicare ove. I understand w	sent to me on am son the MSN. r deductibles. are. You may e is not billed.
Additional Information:	- ''	•	
This notice gives our opinion, not aron this notice or Medicare billing, call 1 Signing below means that you have received	<b>L-800-MEDICARE</b> (1-800	)-633-4227/ <b>TTY</b> : 1-8	877-486-2048).
Signature:		Date:	
According to the Paperwork Reduction Act of 1995, no personumber. The valid OMB control number for this information average 7 minutes per response, including the time to review information collection. If you have comments concerning the Security Boulevard Attr. PRA Paperts Clearance Officer Balting	collection is 0938-0566. The time requinstructions, search existing data resour accuracy of the time estimate or sugges	ired to complete this information ces, gather the data needed, and	on collection is estimated to d complete and review the

Patient Name:	Identification Number:	
	ARY NOTICE OF NONCOVERAGE (All or laboratory tests below, you may have	
. , , ,	even some care that you or your health care spect Medicare may not pay for the laboratory	•
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.	
<ul> <li>Ask us any questions that you in the control of the c</li></ul>	ake an informed decision about your care. may have after you finish reading. whether to receive the laboratory tests listed 1 or 2, we may help you to use any other inst but Medicare cannot require us to do this.	
OPTIONS: Check only or	ne box. We cannot choose a box for you.	
now, but I also I want Medicare billed a Medicare Summary Notice (MSN). responsible for payment, but I can applied I Medicare does pay, you will refund OPTION 2. I want the laborate ask to be paid now as I am responsible OPTION 3. I don't want the I	tory tests listed above. You may collect mon for an official decision on payment, which is I understand that if Medicare doesn't pay, I a opeal to Medicare by following the directions any payments I made to you, less co-pays of story tests listed above, but do not bill Medicare to payment. I cannot appeal if Medicare aboratory tests listed above. I understand with Learnot appeal to see if Medicare would	sent to me on am son the MSN. r deductibles. re. You may is not billed.
Additional Information:	d I cannot appeal to see if Medicare would	і рау.
on this notice or Medicare billing, call	<b>In official Medicare decision.</b> If you have on <b>1-800-MEDICARE</b> (1-800-633-4227/ <b>TTY</b> : 1-800 and understand this notice. You also receive a	377-486-2048).
Signature:	Date:	copy:
number. The valid OMB control number for this information average 7 minutes per response, including the time to review	sons are required to respond to a collection of information unless it disparation is 0938-0566. The time required to complete this information instructions, search existing data resources, gather the data needed, and a accuracy of the time estimate or suggestions for improving this form, p ltimore, Maryland 21244-1850.	n collection is estimated to d complete and review the
Form CMS-R-131 (XX/07) - SAMPLE L	Form Approved OMB	No. 0938-0566