

ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

Patient Name _____ DOB ____/____/____

Service Date ____/____/____ Provider Signature: _____

Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862 (a) (1) of the Medicare law. If Medicare determines that a particular service is "not reasonable and necessary" Medicare will deny payment. We expect Medicare may not pay for the service(s) listed or checked in the box below.

Listed or Checked Items Only:	<input type="checkbox"/> CPT 99201-99215 Office Visit <input type="checkbox"/> CPT Q0091 Pap Smear <input type="checkbox"/> CPT G0101 Pelvic Exam <input type="checkbox"/> CPT 82270 Hemocult <input type="checkbox"/> CPT 93986 PH test	<input type="checkbox"/> CPT 58100 Endometrial Biopsy <input type="checkbox"/> CPT 57452 Colposcopy <input type="checkbox"/> CPT 57460 LEEP <input type="checkbox"/> CPT 57500 Removal of Endocervical Polyp <input type="checkbox"/> CPT 76856 Pelvic Ultrasound
Reason Medicare May Not Pay:	<input type="checkbox"/> Medicare does not usually pay for this many visits or treatments <input type="checkbox"/> Medicare does not pay for this service for the reported condition <input type="checkbox"/> Medicare does not pay for this extensive procedure <input type="checkbox"/> Medicare does not usually pay for like services by more than one doctor during this time period <input type="checkbox"/> Medicare does not usually pay for more than one visit a day <input type="checkbox"/> Other	
Estimated Cost:	\$ _____	

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 checked items listed in the first box above.

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

OPTION 1: I want the exam/procedure listed above. 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.

OPTION 2: I want the exam/procedure listed above, but do not bill Medicare. I am responsible for payment. I cannot appeal if Medicare is not billed.

OPTION 3: I don't want the exam/procedure listed above. I understand that 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

Questions call Medicare: 1-800-633-4227 TTY: 1-877-486-2048.

Signing below means that you have received and understand this notice

Signature: _____ Date: ____/____/____