

Patient name:  
Identification number: (optional)

Notifier name  
Notifier address  
Notifier phone (including TTY)

## Advance Beneficiary Notice of Non-coverage (ABN)

Medicare doesn't pay for everything, even some care you or your health care provider think you need. **We expect Medicare may not pay for the item, test, service or care listed below.** If Medicare doesn't pay, you may have to pay.

|                             |                                                                                                                |                                                                                                                          |                                                                                                                             |
|-----------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Item, test, service or care | <ul style="list-style-type: none"><li>Cholesterol: 82465</li><li>Ferritin: 82728</li><li>Iron: 83540</li></ul> | <ul style="list-style-type: none"><li>HgbA1C: 83036</li><li>Pap Screen: G1023, G1024</li><li>PSA Screen: G0103</li></ul> | <ul style="list-style-type: none"><li>Comprehensive A: 140048</li><li>Lymphocyte Act. Panel: 505321</li><li>Other</li></ul> |
| Reason Medicare may not pay | Medicare does not pay for these tests for your condition.                                                      | Medicare does not pay for these tests as often as ordered for you.                                                       | Medicare does not pay for experimental or research use tests.                                                               |
| Estimated cost              |                                                                                                                |                                                                                                                          |                                                                                                                             |

**Sample Lab ABN. Labs and codes are listed as EXAMPLE text only.**

### What to do

- Read this notice to make an informed decision about your care.
- Ask any questions you have.
- Choose one option below to let us know if you still want to get the item, test, service or care.

#### Choose ONE option below. We can't choose for you.

If you choose Option 1 or 2, we may help you use any other insurance you might have, but Medicare can't require us to do this.

- Option 1: I want the item, test, service or care listed above, and I want Medicare to be billed for an official decision on payment, which I'll get on a Medicare Summary Notice (MSN).** You can ask to be paid now. I understand that if Medicare doesn't pay, I'm responsible to pay, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you'll refund any payments I made to you, minus co-pays or deductibles.
- Option 2: I want the item, test, service or care listed above, but don't bill Medicare.** You can ask to be paid now and I'm responsible to pay. I understand that I can't appeal, since Medicare isn't billed.
- Option 3: I don't want the item, test, service or care listed above.** I understand I'm not responsible for payment and I can't appeal to see if Medicare would pay.

Additional information:

This notice gives our opinion, not an official Medicare decision. For other questions about this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Signing below means you received and understand this notice. You can ask to get a copy.

Signature

Date (mm/dd/yyyy)

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).

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SAMPLE LAB ABN