

Beaumont

Beaumont Laboratory: Phone 800-551-0488 or 800-245-3725 Fax 248-551-1151

Patient Name (as listed on Medicare card):

PID:

BH 809 031621 OS8

ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (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:	
				Test	Reason
1. Allergy Testing \$24-\$240*	11. Fecal Occult Blood \$28-\$47	20. Lipid testing \$17-\$229*	A. Medicare does not pay for your condition.	<input type="checkbox"/>	<input type="checkbox"/>
2. AFP \$92	12. Glucose \$17	21. PAP \$80	B. Medicare does not pay for these lab tests as often as ordered for you (frequency).	<input type="checkbox"/>	<input type="checkbox"/>
3. Blood Counts \$17-\$45*	13. GGT \$41	22. PSA \$103	C. Medicare does not pay for experimental or research tests.	<input type="checkbox"/>	<input type="checkbox"/>
4. CA 125 \$113	14. HCG \$53-\$70	23. PT \$27	D. Medicare never pays for this service or item.	<input type="checkbox"/>	<input type="checkbox"/>
5. CA 15-3 & CA 27.29 \$103	15. Hep Panel \$265	24. PTT \$38	E. No medical diagnosis provided, physician order handled as screening.	<input type="checkbox"/>	<input type="checkbox"/>
6. CA 19-9 \$103	16. HgBA1C \$54	25. Thyroid Testing \$58-\$244*	F. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. CEA \$106	17. HIV- Diagnostic \$53-\$1,325*	26. Urine Culture \$76*		<input type="checkbox"/>	<input type="checkbox"/>
8. Collagen Crosslinks \$100	18. HIV- Prognosis \$457	27. Vit D \$160		<input type="checkbox"/>	<input type="checkbox"/>
9. Digoxin \$75	19. Iron Studies \$38-\$180*	28. _____		<input type="checkbox"/>	<input type="checkbox"/>
10. Drug Screening, each drug class \$186-\$1,860*				<input type="checkbox"/>	<input type="checkbox"/>

*Cost estimate may vary due to the possibility of reflex and/or additional testing.

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 Lab Test(s) 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 box. We cannot choose a box for you.
<input type="checkbox"/>	OPTION 1. I want the <u>Lab Test(s)</u> listed above. You may ask to be paid now, but 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.
<input type="checkbox"/>	OPTION 2. I want the <u>Lab Test(s)</u> 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.
<input type="checkbox"/>	OPTION 3. I don't want the <u>Lab Test(s)</u> 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:
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