A. Notifier:			
B. Patient Name:	C. Identification Number:		
Advance Beneficiary Notice of Noncoverage (ABN)			
NOTE: If Medicare doesn't pay for D. Medicare does not pay for everything, everyond reason to think you need. We expe	en some care tha	at you or your health car	e provider have
D.	E. Reason Med	icare May Not Pay:	F. 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 Dlisted 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. 			
G. OPTIONS: Check only one box. We cannot choose a box for you.			
□ OPTION 1. I want the D 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. □ OPTION 2. I want the D 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 D listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.			
H. Additional Information:			
This notice gives our opinion, not an orthis notice or Medicare billing, call 1-800-Signing below means that you have rece I. Signature:	-MEDICARE (1-8	00-633-4227/ TTY: 1-87	7-486-2048).

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