

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for Items 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 items below.**

Items: Service, Lab Test, Care, Procedure	Reason Medicare May Not Pay:	Estimated Cost:
Routine Exams (Annual Exam)	Items and services not covered under the Medicare program, e.g., dental services, eyeglasses, and routine examinations are not allowed.	\$61.75
Screening PAP Smears	Medicare program covers a screening PAP smear only once every two (2) years. A screening PAP smear ordered more frequently than once in a 2 year period is not a covered service under the Medicare program.	\$40.50 (Laboratory fees billed separately)
Diagnostic PAP Smear	Diagnostic PAP smears and related medically necessary services are covered only when ordered by a physician under one of several conditions including: prior condition, history, current conditions, and high risk.	\$40.50 (Laboratory fees billed separately)

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 items 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.

- OPTION 1. *I want the Items listed above.*** I may choose to pay 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 Items listed above,*** but do not bill Medicare. I may choose to pay now but I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3. *I don't want the items 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 may receive a copy by asking at the front desk.**

Date: _____ (MM/DD/YEAR)

(X) _____
Patient Name (please print)

(X) _____
Patient Signature

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