

Patient Name:

Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for items checked or listed in the box 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 test(s) listed or checked in the box below.

Listed or Checked Laboratory Tests Only (With Estimated Costs):	<input type="checkbox"/> AFP Tumor Marker \$109	<input type="checkbox"/> hCG Quant \$130	<input type="checkbox"/> PTT \$45
	<input type="checkbox"/> NT ProBNP \$189	<input type="checkbox"/> HDL Cholesterol \$52	<input type="checkbox"/> T3 Uptake \$38
<input type="checkbox"/> CA125 \$145	<input type="checkbox"/> H. pylori \$253	<input type="checkbox"/> T4 \$40	<input type="checkbox"/> T4 Free \$139
<input type="checkbox"/> CA 15-3 \$132	<input type="checkbox"/> Hemoglobin A1c \$78	<input type="checkbox"/> Triglycerides \$28	<input type="checkbox"/> TSH \$63
<input type="checkbox"/> CA 19-9 \$143	<input type="checkbox"/> Hepatitis Panel Acute \$408	<input type="checkbox"/> Vitamin D, 25-Hydroxy \$165	<input type="checkbox"/> Vitamin D, 1-25 dihyd. \$300
<input type="checkbox"/> CA 27.29 \$151	<input type="checkbox"/> HIV Quant \$555		
<input type="checkbox"/> CBC/Blood Counts \$31	<input type="checkbox"/> HIV Screen \$138 AND: If needed: Confirm Test \$227	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> CEA \$130	<input type="checkbox"/> HLA-B27 \$156		
<input type="checkbox"/> Cholesterol \$28	<input type="checkbox"/> Iron \$28		
<input type="checkbox"/> Collagen Cross-Linked \$171	<input type="checkbox"/> Iron/Binding Capacity \$65		
<input type="checkbox"/> CRP \$71	<input type="checkbox"/> LDL Cholesterol \$54		
<input type="checkbox"/> Culture, Urine \$65 AND: If needed: ID/Sens \$20 Each	<input type="checkbox"/> Lipid Panel \$77		
<input type="checkbox"/> Digoxin \$81	<input type="checkbox"/> Magnesium \$28		
<input type="checkbox"/> Ferritin \$91	<input type="checkbox"/> Occult Blood \$77		
<input type="checkbox"/> Fructosamine \$40	<input type="checkbox"/> PSA \$110		
<input type="checkbox"/> GGT \$28	<input type="checkbox"/> PSA Free \$236		
<input type="checkbox"/> Glucose \$28	<input type="checkbox"/> PT \$28		
Reason Medicare May Not Pay:	Medicare does not pay for these tests for your condition.		

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 laboratory 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 laboratory test(s) 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 laboratory test(s) 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 laboratory test(s) 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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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).



A Subsidiary of Laboratory Sciences of Arizona

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resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.