



Completing a ABN

TIPS FOR COMPLETING CORRECTLY

1 PATIENT NAME

- Enter the Patient's name

2 ID NUMBER

NEW

- Enter an ID number such as the patient's DOB or the requisition number (not required)
- Do not use the beneficiary's HICN or medicare number

3 MEDICARE COVERAGE

- Explain to the patient that he/she will have to pay for the test(s) if Medicare does not.
- Explain to the patient why Medicare may not pay for the test ordered:
 - Medicare does not pay for this test for the patient's condition
 - This test has frequency limitations

4 TEST COST

NEW

- Specify the estimated cost of the test(s). Medicare requires the estimated cost of test(s) be included.


5 CHOOSE AN OPTION

NEW

- Have the patient check the appropriate box on the form indicating the chosen option:
 - Option 1: YES, patient wants the test(s) and wants Medicare billed
 - Option 2: YES, the patient wants the test(s), but does not want Medicare billed
 - Option 3: NO, the patient does not want the test(s)


6 SIGN & DATE

- Have the patient sign and date the form.



OML
Oregon Medical
Laboratories

PO Box 77003
Eugene, OR 97401
360-541-7209 x6550



NORTHWEST REGIONAL
LABORATORY

Patient Name: 1 Identification Number: 2

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 items listed or checked in the box below.*

3 Laboratory Test(s):	<input type="checkbox"/> AFP (tumor marker) <input type="checkbox"/> Blood Counts (CBC, Hemogram, Hemoglobin, Platelet Ct) <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 15-3 or 27-29 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CEA <input type="checkbox"/> Collagen Cross Links (Pyridium) <input type="checkbox"/> Cytogenetics Testing <input type="checkbox"/> Digoxin <input type="checkbox"/> Flow Cytometry <input type="checkbox"/> GGT	<input type="checkbox"/> Glucose Testing <input type="checkbox"/> HCG (Quant) <input type="checkbox"/> Hepatitis Panel, Acute <input type="checkbox"/> HIV, diagnosis and prognosis <input type="checkbox"/> Lipid Testing (Cholesterol, Triglycerides, HDL, LDL, Coronary Risk) <input type="checkbox"/> Partial Thromboplastin Time (PTT) <input type="checkbox"/> PSA Testing (free and total) <input type="checkbox"/> Prothrombin Time (PT) <input type="checkbox"/> Thyroid Testing (T3, T4, TSH, Free T4, T3U) <input type="checkbox"/> Urine Bacterial Culture (Urine Culture, Sensitivities)	<input type="checkbox"/> Glycohemoglobin A1C <input type="checkbox"/> Iron Studies (Iron, Ferritin, TIBC, etc.) <input type="checkbox"/> Occult Blood, Fecal
	Reason Medicare May Not Pay:	Medicare does not pay for this test for this condition	Medicare does not pay for this test this often

4 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 checked items listed in the first box 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 Laboratory Tests 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 Laboratory Tests listed above, but do not bill Medicare. You may ask to be paid now I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I do not want the Laboratory Tests 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.

6 Signature: _____ Date: _____

According to the Paperwork Reduction Act of 1995, no person shall be required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data 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
 Form CMS-R-131 (3/08) Form Approved OMB No. 0938-0566