



5310 N. LA CHOLLA BLVD. • TUCSON, AZ 85741 • 520-229-8878 • FAX: 520-229-9107

A. Notifier: B. Patient Name: C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ 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 D. _____ below.

Table with 4 columns of medical services under section D, including items like 94620 6 Min Walk, 93475 Flow Volume Loop for a PFT, 94726 PFT Pulmonary, Function Test = Plethysmography, etc.

Table with 2 columns: E. Reason Medicare May Not Pay; E. Estimated Cost. Includes dollar amount fields for each column.

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 D. _____ 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.

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...
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 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.

Table with 2 columns: I. Signature; J. Date

According to the Paperwork Reduction Act of 1995, no persons are 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...