(ADVANCE BENEFICIARY NOTICE)

5310 N. La Cholla Blvd. • Tucson, AZ 85741 • 520-229-8878 • Fax: 520-229-9107

. Notifier:	B. Patient Name:			C. Identification Number:		
Advance Beneficiary Notice of Noncoverage (ABN) IOTE: If Medicare doesn't pay for D below, you may have to pay. Medicare does not pay for everything, even some care nat you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D below.						
D.						
□ 93475 Flow Volume Loop for a PFT □ 94726 PFT Pulmonary Function Test = Plethysmography □ 94726 PFT + MIPP & MEPP □ 94727 PFT = Nitrogen Wash Out + MPP / MEPP □ 94727 PFT = Nitrogen Wash Out □ 94060 PFT = Bronchodilator □ 94729 DLCO = Diffusion Capacity for Lungs Carbon Monoxide □ 94799 MIP MEP □ 93000 EKG □ 93306 Echocardiography □ 93475 Flow Volume Loop for a PSG □ 95811 Split Night PSG □ 95810 Diagnostic PSG □ 95811 CAPA Tierstics	811 ASV Titration 811 AVAP Titration 805 MSLT 805 MWT 880 Carotid Duplex 978 Aorta Duplex 978 Renal Artery Duplex + 76775 775 Renal Duplex + 93975 922 Resting ABI / TP 923 PVR ~ Pulse Volume Recordings 924 Pre & Post Exercise ABI /TP 922 WBI~Wrist Brachial Index 925 LE Arterial Duplex 930 UE Arterial Duplex 970 LE Venous Duplex 970 UE Venous Duplex 970 UE Venous Duplex 970 UE Venous Duplex	99205 NP Office Co 99204 NP Office Co 99203 NP Office Co 99207 Smoking Co 99407 Smoking Co 99407 Smoking Co 99215 EP Office Vi 99213 EP Office Vi 99213 Bronchosco Rotected B 31624 Bronchosco Lavage 31625 Bronchosco multiple site	onsult Level 4 consult Level 3 essation Counseling 10 MIN essation Counseling 3 MIN sit Level 5 sit Level 4 sit Level 3 by Diagnostic or Therapeutic by with Brushing or rushings by BAL ~ Bronchial Alveolar	Biopsy, eac 31633 + 31629 - Needle aspi 31635 Bronchosco Foreign Bot 31653 Bronchosco 31500 Emergency 99223 Initial Hosp 99231 Subsequent 99232 Subsequent 99233 Subsequent 99231 Critical Care 99292 Critical Care 99292 Critical Care	py with EBUS Sampling >= 3 nodes Airway / Intubation ital Consult t Hospital Care t Hospital Care t Hospital Care e 1st hour e any additional 30 min VC IJ, non-tunneled centrally ernal Jugular nsertion of cannula for Hemodialysis	
E. Reason Medicare May Not Pay:		E. Estimated Cost:				
		\$ \$	\$ \$	\$ \$		
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. IOTE: 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.						
l. Additional Information						
his notice dives our oninion, not ar	n otticial Medicare decisio	n It you have other	nuestions on this notic	e or Medicare hill	ing call 1-800-MFDI-	

CARE (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.

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 dispends this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minute existing data resources, gather the data needed, and complete and review the information collection. If you have comments conc	tes per response, including the time to review instructions, search	

this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.