

Notifier(s): Medical Laboratory of Southwest La, 1910 Oak Park Blvd. Lake Charles, LA 337-478-1214

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 items listed or checked in the box below.

Listed or Checked Items Only:	<input type="checkbox"/> Alfa Fetoprotein (AFP) <input type="checkbox"/> Occult Blood Fecal <input type="checkbox"/> CA-125 <input type="checkbox"/> Pap Smear <input type="checkbox"/> CBC <input type="checkbox"/> PSA Total <input type="checkbox"/> Cholesterol <input type="checkbox"/> Pro Time <input type="checkbox"/> Digoxin <input type="checkbox"/> PTT <input type="checkbox"/> Ferritin <input type="checkbox"/> T3 <input type="checkbox"/> Glucose <input type="checkbox"/> T3 Free <input type="checkbox"/> GGT <input type="checkbox"/> T4 <input type="checkbox"/> HCG Quantitative <input type="checkbox"/> T4 Free <input type="checkbox"/> HgbA1C <input type="checkbox"/> TSH <input type="checkbox"/> HIV 1 & 2 <input type="checkbox"/> Urinalysis <input type="checkbox"/> Iron <input type="checkbox"/> Urine Culture <input type="checkbox"/> Iron Binding List other tests: <input type="checkbox"/> Lipids	<input type="checkbox"/> Cholesterol <input type="checkbox"/> HDL Cholesterol <input type="checkbox"/> LDL Direct <input type="checkbox"/> Lipids <input type="checkbox"/> Occult Blood Fecal <input type="checkbox"/> PSA Screen <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> TSH <input type="checkbox"/> T3 Free <input type="checkbox"/> T4 Free	
	Reason Medicare May Not Pay:	Medicare does not pay for these tests for your condition or diagnosis.	Medicare does not pay for these tests as often as this (denied as too frequent)
Estimated Cost:	<input type="checkbox"/> \$ _____ <input type="checkbox"/> \$ 100.00 <input type="checkbox"/> \$ 200.00 <input type="checkbox"/> \$300.00 <input type="checkbox"/> \$ 400.00 <input type="checkbox"/> \$ 500.00 <input type="checkbox"/> \$ 600.00 <input type="checkbox"/> Unable to estimate	<input type="checkbox"/> Additional tests may be needed	

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.
<input type="checkbox"/>	OPTION 1. I want the <u>Tests</u> 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 <u>Tests</u> 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 <u>Tests</u> 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: Some test may be sent to one of the reference laboratories listed :
Specialty Laboratory (800)421-7110, LABORATORY CORPORATION OF AMERICA (800)800-2387, Quest Diagnostics (800)553-5445, Lake Charles Memorial Hospital Laboratory (337) 494-3000
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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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, 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.