Pinellas County Primary Care & Hospitalists

Patient Name: _____ DOB: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: 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 below:

Procedure	Estimated Cost	Reason
___EKG	$26.00	Non Covered
___Prevnar 13	$250.00	
___Pneumovax	$100.00	
___Tetanus	$38.00	
___Tdap	$58.00	
___ZosterVax	$225.00	
___Administration of Vaccine	$38.00	
_____	$_____	

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

OPTIONS: Check only one box. We cannot choose a box for you.
☐ **OPTION 1.** I want the _____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 don't want** the _____above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

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:**