



13766 Alton Pkwy, Ste 144, Irvine, CA 92618 - P (949) 527-6517 F (949) 527-6525 - www.genexlpc.com

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If your insurance doesn't pay for D. Complete RPP Pathogen Panel performed at this laboratory, you may have to pay. Your health insurance may not pay for everything, even some care that you or your health care provider have good reason to think you need. Therefore, we have provide you with options below:

D.	E. Reason Medicare May Not Pay:	F. Estimated
<input type="checkbox"/> Complete Respiratory Pathogen Panel including: 87633 CPT code Viruses: Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC63, Parainfluenza virus 1, 2, 3 & 4, Respiratory Syncytial Virus, Human Rhinovirus/Enterovirus, Influenza B, Influenza A-H1, Influenza H1-2009, Influenza A-H3 Human Metapneumovirus Bacteria: Bordetella pertussis, Mycoplasma pneumoniae, Chlamydia Pneumoniae	<p>Although this test is *FDA approved, some insurance companies consider it to be investigational.</p> <p><i>*Medicare and Medical covers this test. This information relates to commercial/non-federal health care insurances.</i></p>	<ol style="list-style-type: none"> Option 1 depends on your insurance processing and your copay and deductibles Option 2, Medicare/Medical Fee schedule for the service, which is 388.89 USD.

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.(703-371-6707)
- Choose an option below about whether to receive the **D. Respiratory Pathogen Panel** listed above.
- Please make a decision before mailing your sample to us and make sure that you return this form signed with your sample.
- If you do not want the test to be performed (Option 3), please do not mail in your sample and return the Collection kit to your Doctor.

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 my insurance billed For an official decision on payment, which is sent to me on a Summary Notice (SN). I understand that if my insurance does not pay, I am responsible for payment, but **I can appeal to My Insurance** by following the directions on the SN. If my Insurance does pay, you will refund any payments I made to you, less co-pays and/or deductibles.

OPTION 2. I want the D. _____ listed above, but do not bill my insurance. You may be paid now as I am responsible for the payment. The payment for this service is not going to be above the annual Medicare fee scheduled for this service/code . I do also know that **I cannot appeal since my insurance 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 my insurance would pay. Genex Laboratory Professional Corporation is not responsible for running the test for my sample and I will be responsible for the FedEx shipment that was incurred to Genex Laboratory Professional Corporation.

H. Additional Information:

This notice gives our opinion, not an official decision from your insurance. If you have other questions on this notice or billing, call your insurance and **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.

I. Signature:	J. 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.