

A. Notifier:

B. Patient Name:

C. Identification Number:

## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If your federally funded insurance doesn't pay for D. \_\_\_\_\_ below, you may have to pay. Federally funded insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect federally funded insurance may not pay for the D. \_\_\_\_\_ below.

D.	E. Reason Federally Funded Insurance May Not Pay:	F. Estimated Cost

### 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 federally funded insurance 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 my federally funded insurance billed for an official decision on payment, which is sent to me on a Federally funded insurance Summary Notice (MSN). I understand that if my federally funded insurance doesn't pay, I am responsible for payment, but **I can appeal to Federally funded insurance** by following the directions on the MSN. If federally funded insurance 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 my federally funded insurance. You may ask to be paid now as I am responsible for payment. **I cannot appeal if my federally funded 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 federally funded insurance would pay.**

### H. Additional Information:

**This notice gives our opinion, not an official federally funded insurance decision.** If you have other questions on this notice or federally funded insurance billing, call **our office's medical billing department.**

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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