

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare/Insurance doesn't pay for **D.** Detection of Y chromosome below, you may have to pay.

Medicare/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 Medicare/Insurance may not pay for the **D.** Detection of Y chromosome below.

D.	E. Reason Medicare/ Insurance May Not Pay:	F. Estimated Cost
Detection of Y chromosome	Unlisted procedure code	\$99.00

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 about whether to receive the **D.** Detection of Y chromosome listed 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.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the **D.** Detection of Y chromosome listed above. You may ask to be paid now, but I also want Medicare/Insurance billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN) or Explanation of Benefits (EOB). I understand that if Medicare/Insurance doesn't pay, I am responsible for payment, but **I can appeal to Medicare/ Insurance** by following the directions on the MSN/EOB. If Medicare/Insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the **D.** Detection of Y chromosome listed above, but do not bill Medicare/Insurance. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare/Insurance is not billed.**
- OPTION 3.** I don't want the **D.** Detection of Y chromosome listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare/Insurance 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) or the number listed on the back of your insurance card..

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

I. Signature:	J. Date:
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