

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ 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 D. _____ below.

CPT Code	D. Assay	E. Reason Medicare May Not Pay	F. Estimated Costs
84590	Vitamin A	Too frequent	\$15.92
84425	Vitamin B1	Too frequent	\$9.32
84252	Vitamin B2	Too frequent	\$27.76
82180	Vitamin C	Too frequent	\$13.56
84446	Vitamin E	Too frequent	\$19.45
84597	Vitamin K2	Too frequent	\$9.32
82379	Carnitine	Too frequent/For certain conditions	\$13.68
82746	Folate	Too frequent/For certain conditions	\$20.17
84207	Vitamin B6	Too frequent/For certain conditions	\$38.54
82607	Vitamin B12	Too frequent/For certain conditions	\$20.68
82652	Vitamin D3	Too frequent/For certain conditions	\$52.81
83704	Lipoprotein Particle Numbers	Too frequent/For certain conditions	\$43.28
82465	Total Cholesterol	Too frequent/For certain conditions	\$5.97
83718	HDL Cholesterol	Too frequent/For certain conditions	\$11.24
83721	LDL Cholesterol	Too frequent/For certain conditions	\$13.09
84478	Triglycerides	Too frequent/For certain conditions	\$7.88
86141	hs-CRP	Too frequent/For certain conditions	\$7.10
83036	Hemoglobin A1c	Too frequent	\$13.32
82947	Glucose	Too frequent/For certain conditions	\$5.39
83090	Homocysteine	Too frequent/For certain conditions	\$23.14
83698	Lipoprotein (a)	For certain conditions	\$46.56
84439	Free T4	Too frequent/For certain conditions	\$23.23
84436	T4 Total	Too frequent/For certain conditions	\$9.42
84443	TSH	Too frequent/For certain conditions	\$23.05
84153	PSA Total	Too frequent/For certain conditions	\$25.23
81401	APO E	For certain conditions	\$75.00
81291	MTHFR	For certain conditions	\$59.88
81241	Factor V Leiden	For certain conditions	\$83.82
81240	Prothrombin G20210A	For certain conditions	\$67.50

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 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. _____ 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.
- OPTION 2:** I want the D. _____ 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.**
- 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 Medicare would pay.**

H. Additional Information:

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.

I. Signature:	J. Date:
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