



ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Patient Name: _____ Identification Number: _____

NOTE: If Medicare (or other) doesn't pay for service/supply below, you may have to pay. Medicare (or other) MRS does not pay for everything, even some care that you or your healthcare provider have good reason to think you need. We expect your Medicare (or other) MRS may not pay for the service/supply.

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 service/supply 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 (or others) MRS cannot require us to do this.

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

OPTION 1, I want the service/supply listed above. You may ask to be paid now, but I also want Medicare (other) MRS billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN)

I understand that if Medicare (other) MRS doesn't pay, I am responsible for payment, but I can appeal to Medicare (other) MRS by following the direction on the MSN, but if Medicare (other) MRS does pay you will refund any payments I made to you, less co-pays or deductibles/

OPTION 2, I want the service/supply listed above, but do not bill Medicare (other) MRS. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare (or other) MRS is not billed.

OPTION 3, I don't want the service/supply listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare (or other) MRS would pay. This notice gives our opinion, not an official Medicare/MRS decision.

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

Signature: _____ Date: _____

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. This time required to complete this information collection is estimated to average 7 minutes per response, including the time to review the 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. Form CMS-R-131 (03/08) Form Approved OMB No. 0938-0566.