A. Notifier: B. Patient Name:	C. Identification Number:
Advance Beneficiary Notice of Non-coverage (ABN)	
Medicare does not pay for ever	for Dbelow, you may have to pay. thing, even some care that you or your health care provider have We expect Medicare may not pay for the Dbelow.
D.	E. Reason Medicare May Not Pay: F. Estimated Cos
 Ask us any questions that Choose an option below all Note: If you choose Option 1 might have, but Medical 	n make an informed decision about your care. ou may have after you finish reading. out whether to receive the D. listed above. or 2, we may help you to use any other insurance that you re cannot require us to do this.
	one box. We cannot choose a box for you.
also want Medicare billed for Summary Notice (MSN). I un payment, but I can appeal to does pay, you will refund any OPTION 2. I want the D ask to be paid now as I am re OPTION 3. I don't want the	listed above. You may ask to be paid now, but I n official decision on payment, which is sent to me on a Medicare erstand that if Medicare doesn't pay, I am responsible for Medicare by following the directions on the MSN. If Medicare payments I made to you, less co-pays or deductibles. listed above, but do not bill Medicare. You may ponsible for payment. I cannot appeal if Medicare is not billed. Dlisted above. I understand with this choice I nt, and I cannot appeal to see if Medicare would pay.
H. Additional Information:	
notice or Medicare billing, call 1-8	t an official Medicare decision. If you have other questions on this 0-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048). received and understand this notice. You may ask to receive a copy.
I. Signature:	J. Date:
You have the right to get Medicare	nformation in an accessible format, like large print, Braille, or audio. You

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.

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.