

PATIENT NAME (Exactly as printed on Medicare Card)

PATIENT DOB:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for lab tests 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 lab tests below.

Checked Lab Tests Only	<input type="checkbox"/> MYCO15 Panel E8400 \$699 <input type="checkbox"/> Ochratoxin A E8501 \$250 <input type="checkbox"/> Aflatoxin Group E8502 \$250 <input type="checkbox"/> Trichothecene Group E8503 \$250 <input type="checkbox"/> Gliotoxin Derivative Test E8510 \$250 <input type="checkbox"/> MYCO15 Panel E8400 Follow Up \$249	<input type="checkbox"/> Mold Panel, IgG P5115 \$169 <input type="checkbox"/> Mold Panel, IgE P5114 \$169 <input type="checkbox"/> Aspergillus Species / Target M8605 \$320 <input type="checkbox"/> Candida Species/ Target M8617 \$480 Other: _____
Reason Medicare May Not Pay	Your Referring Provider may not have provided a diagnosis that supports medical necessity according to Medicare Coverage Policies and/or the repeat laboratory tests may exceed frequency limitations set by Medicare.	
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 laboratory tests 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 laboratory tests 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 laboratory tests 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 laboratory tests 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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