

Notifier: [Insert Name, Address, and Telephone Number of Provider/Supplier]

Advance Beneficiary Notice of Noncoverage (ABN)

Patient Name: [Insert Patient Name]

Identification Number: [Insert ID Number]

Note: If Medicare doesn't pay for the items or services listed 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 following:

Items or Services	Reason Medicare May Not Pay	Estimated Cost
[Insert Item/Service]	[Insert Reason]	[\$[Insert Amount]]

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Choose an option below about whether to receive the items or services listed above.
- Sign this notice to show that you have read and understand it.

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

OPTION 1. I want the items or services 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.

OPTION 2. I want the items or services 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 now decide I do not want the items or services listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

Additional Information:

[Insert any additional notes here]

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.

Signature: _____ **Date:** _____