



A. Patient Name:

B. DOB:

C.MR:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If your insurance doesn't pay for D. _____ below, you may have to pay.

If your insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect your insurance may not pay for the

D. _____ below.

D.	E. Reason My insurance May Not Pay:	F. Estimated Cost
Labs/Imaging Procedures Visits Prescription	Deductible Out-of-Network Co-Insurance Referral Non-covered services	

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 your insurance 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 my Insurance billed for an official decision on payment, which is sent to me on my insurance summary notice. I understand that if my Insurance doesn't pay, I am responsible for payment, but **I can appeal to my Insurance** by following the directions on the EOB. If your insurance does pay, we will refund any payments you made to us, less co-pays or deductibles.
- OPTION 2.** I want the D. _____ listed above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment. **I cannot appeal if my insurance 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 my insurance would pay.**

H. Additional Information:

If you have other questions on this notice or your coverage, please contact your insurance provider. Signing below means that you have received and understand this notice.

I. Signature:	J. Date:
---------------	----------