

PATIENT'S NAME	IDENTIFICATION NUMBER

ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

NOTE: IF MEDICARE DOESN'T PAY FOR D. SERVICES MARKED 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 **D. SERVICES** marked below.

D. SERVICE	E. REASON MEDICARE MAY NOT PAY	F. ESTIMATED COST
☐ 88175 ThinPrep Pap Test	Your last routine Pap was less than two years ago	\$85
☐ 87621 HPV Test	Medicare does not cover routine HPV testing	\$110

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. SERVICES** marked 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.
	want Medicare billed for Summary Notice (MSN). I but I can appeal to Medic	D. SERVICES marked above. You may ask to be paid now, but I also an official decision on payment, which is sent to me on a Medicare understand that if Medicare doesn't pay, I am responsible for payment, care by following the directions on the MSN. If Medicare does pay, you made to you, less co-pays or deductibles.
		D. SERVICES marked above, but do not bill Medicare. You may ask to insible for payment. I cannot appeal if Medicare is not billed.
		nt the D. SERVICES marked above. I understand with this choice I am nt, 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:

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.

Form CMS-R-131 (03/11) (FORM0533) Form Approved OMB No. 0938-0566