

A. Notifier: Tricore Reference Laboratories, 1001 Woodward PL NE, Albuquerque NM 87102

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ 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. _____ below.

D. Laboratory Test:	E. Reason Medicare May Not Pay:	F. Estimated Cost
Blood Count (CBC w/wo diff, Hgmn,Hct, H&H) Collagen Crosslinks- (N-Telo for BoneMarkers) Cytogenetic Studies Digoxin Flow Cytometry Gamma Glutamyl Transferase (GGT) Glucose Testing, blood Glycated Hgb (HA1C) Hepatitis (Acute) Panel HIV, Diag. and Prognostic Inf. Disease - Molecular HIVTAQ Iron Studies, serum (Ferritin, TIBC, Iron, and Transferrin, including Iron Profile) Lipids Testing (Diagnostic/Screening) Occult Blood, fecal (Diagnostic/Screening) PSA (Diagnostic/Screening) PT and/or PTT Pap Smear (Screening) Sexually Transmitted Infections (Gonorrhea, Chlamydia, Hepatitis B, Chlamydia Species Abs Syphilis/T. pallidum) Thyroid Testing (T3, Total T4, Free T4, TSH, THBR, uptakes and panels) Tumor Antigens (AFPT, CEA, HCG quant, CA-125, CA 27.29, CA15-3 and CA19-9) Urine Culture, Bacterial USD10 Vitamin Assays	Medicare may not pay for these tests based on: They do not meet the criteria for medical necessity and frequency limitations established by Medicare regarding how often this test will be paid	\$ _____ \$ _____ \$ _____ \$ _____
HIV Proviral DNA PCR Chlamydia Species Abs Helicobacter Antibody IgM	Medicare does not pay for research or experimental tests	\$ _____

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 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 D. _____ 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 D. _____ 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 D. _____ 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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