

PATIENT NAME: (Exactly as printed on Medicare Card)

PATIENT DOB:

Advance Beneficiary Notice of Noncoverage (ABN)

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

Checked Lab Tests Only	<input type="checkbox"/> Quad Mycotoxin Panel E8400 \$699 <input type="checkbox"/> Quad Mycotoxin Follow Up E8400FU \$249 <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"/> Glutathione Transferase C4002 \$246 <input type="checkbox"/> Glutathione Transferase M1 C4001 \$136 <input type="checkbox"/> Glutathione Transferase T1 C4000 \$136 <input type="checkbox"/> Glutathione Level, Total C4100 \$149	<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"/> Penicillium Species/ Target M8612 \$160 <input type="checkbox"/> Stachybotrys Species/ Target M8608 \$160 <input type="checkbox"/> Candida Species/ Target M8617 \$320 <input type="checkbox"/> Fungal Culture E9000 \$150 <input type="checkbox"/> Inhalants (A1000-A1023) \$12 per Inhalant <input type="checkbox"/> Other _____ <input type="checkbox"/> 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	Cost of each test is specified above by each individual test.	

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 checked items 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.

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

OPTION 1. I want the lab test(s) checked 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 lab test(s) checked 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 lab test(s) checked above. I understand with this choice I am not **responsible** for payment, and **I cannot appeal to see if Medicare would pay.**

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).

Signature:	Date:
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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, and 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.