

ABN Training Companion Sheet

Date: _____ Patient ID: _____
 Patient's Name: _____ Order ID: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for the laboratory tests 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 laboratory tests below.

Laboratory Tests:	Reason Medicare May Not Pay:	Estimated Cost:

WHAT YOU NEED TO DO NOW:

- Read the 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 laboratory tests 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 laboratory tests 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 laboratory tests 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 laboratory tests listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

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: _____

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 0938-0586. 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 (03/08)

Form Approved OMB No. 0938-566

Required Fields

- Name of Patient (both first and last)
- Test names (even if CPT code appears, the name of the test must be present too)
- The reason why Medicare may not pay
- The estimated cost (can be either individual amount or grouped together for total cost, if there are multiple tests)
- One option box is checked off (patient must do themselves without any influence)
- The patient must sign the ABN after everything else is done
- The date (which can be completed by lab staff, when requested by a patient. Please include day, month, and year.)

Things to remember:

- Patients must receive a copy of the ABN once it is completed
- The ABN should be double-checked, especially if it is computer-generated
- If a PSA, HgbA1c, or Occult Blood is requested, indicate **"frequency" and "condition"** for the reason Medicare may not pay

Things that could make an ABN invalid:

- It is illegible or the font is small (less than 12 point) or hard to read.
- The provider did not use the official CMS ABN form.
- The ABN does not list the actual service rendered.
- The form is more than one year old.
- The form is signed after the date the service was provided.
- The form is given to someone that cannot understand it.
- The ABN is missing any of the seven required fields.