

Notifier(s): Idaho Arthritis Center  
3277 E. Louise Dr. #350  
Meridian, ID 83642  
Phone: (208) 887-9500

Patient Name:

Identification Number/DOB:

## Advanced Beneficiary Notice of Noncoverage (ABN)

**Note: If your insurance doesn't pay for Item(s) below, you may have to pay.**

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 item(s) / service(s) below.

Items / Services	Reason Your Insurance May Not Pay:	Estimated Cost:
<input type="checkbox"/> Vitamin D25-OH	...because the tests are experimental or for research.	\$85.00
<input type="checkbox"/> HEPATITIS PANEL	...because the tests are experimental or for research.	\$120.00
<input type="checkbox"/> QFT	...because the tests are experimental or for research.	\$200.00

### 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 item(s) / service(s) 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.

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

- ☐ **Option 1.** I want the item(s) / service(s) 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 my Insurance doesn't pay, I am responsible for payment, but **I can appeal to my insurance** by following the directions on the MSN. If my Insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **Option 2.** I want the item(s) / service(s) listed above, but do not bill Medicare. 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 item(s) / service(s) listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if my insurance would pay.**

#### Additional Information:

**This notice gives our opinion, not an official insurance decision.** If you have other questions on this or other Medicare Billing, call **1-800-MEDICARE** (1-800-633-4227)

Signing Below means that you have received and understand this notice. You will also receive a copy.

Signature:

Date:

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