Baptist HEALTH SYSTEMS
1225 N. State St.
Jackson, MS 39202
601-968-3070

Patient Name: **Identification Number:**

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for items checked 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 items checked in the box below.

Test	Reason	Est.Cost	Test	Reason	Est. Cost	Test	Reason	Est. Cost
☐ Alpha-fetoprotein	_____	9.00	☐ HCV, Antibody	_____	20.00	☐ PTT	_____	9.00
☐ B12	_____	22.00	☐ HDL	_____	12.50	☐ SGGT	_____	11.00
☐ CBC w/ Diff	_____	12.00	☐ Hematocrit	_____	3.50	☐ T3 Uptake	_____	10.00
☐ CBC w/o Diff	_____	10.00	☐ Hemoglobin	_____	3.50	☐ T4, Free	_____	13.50
☐ CA125	_____	23.50	☐ HGB A1C	_____	14.50	☐ T4, Total	_____	10.50
☐ CA27.29(15-3)	_____	23.50	☐ Hepatitis Panel (acute)	_____	61.00	☐ TIBC	_____	13.00
☐ CA19-9	_____	24.00				☐ Triglycerides	_____	9.00
☐ Carnitine	_____	23.50	☐ HIV 1 / 2 Antibody	_____	20.50	☐ TSH	_____	24.50
☐ CEA	_____	28.50				☐ TSH Reflexive (Cost includes FT4)	_____	38.00
☐ Chlamydia/GC DNA Probe	_____	110.00	☐ Homocystine	_____	24.00			
			☐ HPV, Screening	_____	50.00			
☐ Cholesterol	_____	6.50	☐ HS CRP	_____	19.00	☐ RPR	_____	6.00
☐ Digoxin	_____	20.00	☐ Iron	_____	10.00	☐ Urine Culture (Cost includes isolate)	_____	24.00
☐ Drug Screen ☐ Blood ☐ Urine	_____	140.00	☐ LDL	_____	14.50			
			☐ Lipid Panel	_____	20.00			
☐ Ferritin	_____	20.50	☐ Occult Blood	_____	5.00	☐ Vitamin D - 25	_____	57.00
☐ Folate	_____	18.00	☐ PAP, Screening	_____	40.00	☐ Vitamin D – 1,25	_____	44.00
☐ Glucose	_____	6.00	☐ PSA	_____	23.50	_____	_____	_____
☐ HCG, Quant	_____	13.00	☐ PT	_____	6.00	_____	_____	_____

Reason Medicare may not pay for this service **(Indicate in the blanks above the number(s) correlating with the reason)**:
1 – Medicare does not pay for this service for your condition.
2 – Medicare does not pay for this service as often as this (denied as too frequent).
3 – Medicare does not pay for this service for any reason.
4 – Medicare does not pay for services which are experimental or are for research.
5 – Other _____

Total Estimated Cost	

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 in the first box 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 item(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 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 item(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 Medicare is not billed**.

❑ **OPTION 3.** I don't want the item(s) listed 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).
Signing below means that you have received and understand this notice. You also receive a copy.

Signature:	**Date:**

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.