

Patient Name:

Identification Number:

## ADVANCED BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

**NOTE:** If Medicare does not pay for the checked items below, you may have to pay. Medicare does not pay for everything, including laboratory testing that your healthcare provider has good reason to think you need. We expect Medicare not to pay for the tests checked below.

|                                     |  |  |   |
|-------------------------------------|--|--|---|
| <b>Check Ordered Tests:</b>         | <input type="checkbox"/> Anticardiolipin Antibody (\$333)<br><input type="checkbox"/> Antithrombin III (\$145)<br><input type="checkbox"/> aPTT (\$84)<br><input type="checkbox"/> Factor II Mutation (\$327)<br><input type="checkbox"/> Factor V Mutation (\$327)<br><input type="checkbox"/> Factor VIII Activity (\$125)<br><input type="checkbox"/> Factor IX Activity (\$125)<br><input type="checkbox"/> Fibrinogen (\$40)<br><input type="checkbox"/> Heparin Level (\$195)<br><input type="checkbox"/> MTHFR (C677T) (\$327)<br><input type="checkbox"/> MTHFR (A1298C) (\$327)<br><input type="checkbox"/> Platelet Aggregation (\$1290)<br><input type="checkbox"/> Platelet Antibodies (\$462)<br><input type="checkbox"/> Protein C (\$125)<br><input type="checkbox"/> Protein S (\$198)<br><input type="checkbox"/> PT (\$52)<br><input type="checkbox"/> RVVT (\$150)<br><input type="checkbox"/> TCT (\$50)<br><input type="checkbox"/> vWF Antigen (\$100)<br><input type="checkbox"/> vWF Activity (\$198)<br><input type="checkbox"/> vWF Multimer (\$300) | <input type="checkbox"/> Anticardiolipin Antibody (\$333)<br><input type="checkbox"/> Antithrombin III (\$145)<br><input type="checkbox"/> aPTT (\$84)<br><input type="checkbox"/> Factor II Mutation (\$327)<br><input type="checkbox"/> Factor V Mutation (\$327)<br><input type="checkbox"/> Factor VIII Activity (\$125)<br><input type="checkbox"/> Factor IX Activity (\$125)<br><input type="checkbox"/> Fibrinogen (\$40)<br><input type="checkbox"/> Heparin Level (\$195)<br><input type="checkbox"/> MTHFR (C677T) (\$327)<br><input type="checkbox"/> MTHFR (A1298C) (\$327)<br><input type="checkbox"/> Platelet Aggregation (\$1290)<br><input type="checkbox"/> Platelet Antibodies (\$462)<br><input type="checkbox"/> Protein C (\$125)<br><input type="checkbox"/> Protein S (\$198)<br><input type="checkbox"/> PT (\$52)<br><input type="checkbox"/> RVVT (\$150)<br><input type="checkbox"/> TCT (\$50)<br><input type="checkbox"/> vWF Antigen (\$100)<br><input type="checkbox"/> vWF Activity (\$198)<br><input type="checkbox"/> vWF Multimer (\$300) | <input type="checkbox"/> Warfarin Genotype (\$681)<br><input type="checkbox"/> ADAMTS-13 Activity (\$300)<br><input type="checkbox"/> ADAMTS-13 Inhib (\$545) |
| <b>Reason Medicare May Not Pay:</b> | Medicare does not pay for these tests for your condition.  | Medicare does not pay for these tests as often as this (denied as too frequent).   | Medicare does not pay for experimental or research use tests.   |
| <b>Estimated Cost:</b>              | \$   | \$   | \$  |

- What you need to know:**
- Read this notice so that 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 tests checked above.
- Note:** If you choose Option 1 or 2, we may help you use any other insurance that you may have, but Medicare cannot require us to do this.

|  |
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| <b>OPTIONS: Check only one box. We cannot choose a box for you.</b>  |
| <input type="checkbox"/> <b>OPTION 1.</b> I want the tests listed above. I may be asked to pay now, but I also want Medicare billed for an official decision on payment, which will be sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but <b>I can appeal to Medicare</b> by following the directions on the MSN. If Medicare does pay, I will be refunded any payments I made to Machaon Diagnostics, less co-pays or deductibles. |
| <input type="checkbox"/> <b>OPTION 2.</b> I want the tests listed above, but do not bill Medicare. I may be asked to pay now as I am responsible for payment. <b>I cannot appeal if Medicare is not billed.</b>  |
| <input type="checkbox"/> <b>OPTION 3.</b> I do not want the tests listed above. I understand with this choice <b>I am not responsible for payment</b> , and I cannot appeal to see if Medicare would pay.  |

**This notice gives your opinion, not an official Medicare decision.** If you have 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 understood this notice. You will also receive a copy.

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|-------------------|--------------|

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, 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.