

**HEBERT MEDICAL GROUP**

**Notifier(s):** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_ **Identification Number:** \_\_\_\_\_

**ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**

**NOTE:** If Medicare/Managed Care doesn't pay for item(s) or service(s) below, you may have to pay.

Medicare/Managed Care does not pay for everything, even some services that you or your health care provider have good reason to think you need. In our opinion, Medicare/Managed Care may not pay for the item(s) or service(s) below.

Item(s) or Service(s):		Reason Medicare/Managed Care May Not Pay:	Estimated Cost:
<input type="checkbox"/>	Q0111-QW Smear, Primary Source with Interpretation; Wet Mount for Infectious Agents	Medicare/Managed Care does not usually pay for this service for this diagnosis.	\$ 25.00
<input type="checkbox"/>	54150 Circumcision, using Clamp or Other Device with Regional Dorsal Penile or Ring Block		470.00
<input type="checkbox"/>	60240 Thyroidectomy, Total or Complete	Medicare/Managed Care does not usually pay for investigational or experimental services.	2,445.00
<input type="checkbox"/>	76805 Ultrasound, Pregnant Uterus, Real Time with Image Documentation, Fetal & Maternal Evaluation, after 1 <sup>st</sup> Trimester (> or = 14 weeks, 0 days), Transabdominal, Single Gestation	Medicare/Managed Care does not usually pay for this service for this diagnosis.  ① LA Medicaid only pays MFS for this service	265.00
<input type="checkbox"/>	76811 ① Single Gestation		425.00
<input type="checkbox"/>	76812 ① Multiple Gestation		475.00

Please see attached for additional Item(s) or Service(s) – Initial to acknowledge \_\_\_\_\_ / \_\_\_\_\_  
Initial Date

If service performed bilaterally (i.e., both sides) estimated cost is approximately x2 amount shown above.

**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) or 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 Medicare cannot require us to do this.

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

- \*\*  **OPTION 1.** I want the checked item(s) or service(s) listed above. I may be asked to pay now, but also I 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 checked item(s) or service(s) listed above, but do not bill Medicare. I may be asked to pay now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the checked item(s) or service(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:** \_\_\_\_\_

If you have HOSPICE/HHA/SNF coverage and do not disclose it to the provider, you will be liable for all charge(s) incurred.

Are you under the care of a HOSPICE/HHA/SNF?  Yes  No – If Yes, please provide information:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax/Authorization #:** \_\_\_\_\_

**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 0938-0566. 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.

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Item(s) or Service(s):		Reason Medicare/Managed Care May Not Pay:	Estimated Cost:
<input type="checkbox"/>	76817 Ultrasound, Pregnant Uterus, Real Time with Image Documentation, Transvaginal	Medicare/Managed Care does not usually pay for this service for this diagnosis.	\$ 390.00
<input type="checkbox"/>	81002 Urinalysis, by Dip Stick or Tablet Reagent; Non-automated, without Microscopy		20.00
<input type="checkbox"/>	81025 Urine Pregnancy Test, by Visual Color Comparison Methods		25.00
<input type="checkbox"/>	87210 Smear, Primary Source with Interpretation; Wet Mount for Infectious Agents		25.00
<input type="checkbox"/>	92557 Comprehensive Audiometry Threshold Evaluation and Speech Recognition		100.00
<input type="checkbox"/>	95117 Professional Services for Allergen Immunotherapy Not Including Provision of Allergenic Extracts; 2 or More Injections	Medicare/Managed Care does not pay for this test as often as this (denied as too frequent).	40.00
<input type="checkbox"/>	95867 Needle Electromyography; Cranial Nerve Supplied Muscle(s), Unilateral	Medicare/Managed Care does not usually pay for this service for this diagnosis.	155.00
<input type="checkbox"/>	95868 Needle Electromyography, Cranial Nerve Supplied Muscles, Bilateral	Medicare/Managed Care does not usually pay for investigational or experimental services.	270.00
<input type="checkbox"/>	95920+ Intraoperative Neurophysiology Testing, per hour		355.00
<input type="checkbox"/>	99441 Telephone Evaluation and Management Service Provided by a Physician to an Established Patient, Parent, or Guardian Not Originating from a Related E&M Service or Procedure within the Next 24 hours or Soonest Available Appointment; 5-10 minutes of Medical Discussion	Medicare/Managed Care does not usually pay for this service for this diagnosis.	20.00
<input type="checkbox"/>	99442 Telephone Evaluation and Management Service Provided by a Physician to an Established Patient, Parent, or Guardian Not Originating from a Related E&M Service or Procedure within the Next 24 hours or Soonest Available Appointment; 11-20 minutes of Medical Discussion		30.00
<input type="checkbox"/>	99443 Telephone Evaluation and Management Service Provided by a Physician to an Established Patient, Parent, or Guardian Not Originating from a Related E&M Service or Procedure within the Next 24 hours or Soonest Available Appointment; 21-30 minutes of Medical Discussion		45.00
<input type="checkbox"/>	99444 Online Evaluation and Management Service Provided by a Physician to an Established Patient, Guardian, or Health Care Provider Not Originating from a Related E&M Service Provided within the Previous 7 days, Using the Internet or Similar Communication Network		35.00
<input type="checkbox"/>	_____ – Hearing Aids	Medicare/Managed Care does not usually pay for this item or service	
<input type="checkbox"/>	_____ – OB Ultrasounds during Pregnancy for EDC: ____/____/____	Medicare/Managed Care does not usually pay for investigational or experimental services.	
<input type="checkbox"/>	_____ – Supplies	Medicare/Managed Care does not usually pay for this item or service	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Please see attached for additional Item(s) or Service(s) – Initial to acknowledge _____ / _____			
			Initial      Date