



### ADVANCED BENEFICIARY NOTICE (ABN)

NOTE: You need to make a choice about receiving these health care items or services.

We expect that your Insurance Company will not pay for the services(s) that are described below. Your Insurance Company does not pay for all of your health care costs. Insurance Companies only pay for covered items and services when the rules are met. The fact that insurance may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Right now, in your case, insurance probably will not pay for –

Items or Services:	
• Venipuncture	\$20.00
• Specimen Handling Fees	\$20.00/each
• Other:	_____
Because:	
Not a covered benefit	

The purpose of this form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself.

Before you make a decision about your options, you should read this entire notice carefully.

- Ask us to explain, if you don't understand why Medicare/Other Insurance Company won't pay
- Ask us how much these items or services will cost you (Estimated Cost: \$\_\_\_\_\_), in case you have to pay for them yourself or through other insurance

If your insurance requires you to go to an outside lab for services please choose one of the following:

**Please Choose One Option. Check One Box. Sign & Date Your Choice**

<input type="checkbox"/> Option 1. YES. I want to receive these services regardless of insurance coverage. I understand that my insurance company will not be billed for these services
<input type="checkbox"/> Option 2. NO. I have decided not to receive these services at NFC and choose to go to the contracted facility. I will not receive these items or services. I understand that you will not be able to submit a claim to my insurance and that I will not be able to appeal your opinion that the insurance company won't pay

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of patient or person acting on patient's behalf

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to your insurance carrier, your health information on this form may be shared with the insurance company. Your health information which the insurance company sees will be kept confidential by the insurance company.