

## Advance Beneficiary Notice of Noncoverage (ABN)

**PATIENT NAME:**

**DOB:**

**NOTE:** If your insurance doesn't pay for the **procedure** below, you will be responsible for the cost of the procedure. 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 **procedure** below.

PROCEDURE	REASON INSURANCE WILL NOT PAY	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 **procedure** 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.

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

**Additional Information:**

**This notice gives our opinion, not an official insurance decision.** If you have other questions on this notice or insurance billing, call **the number on the back of your insurance card.**

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

<b>Signature:</b>	<b>Date:</b>
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