

(A) Notices: One to One FemaleCare, P.A., 111 Madison Ave, Suite 305, Morristown NJ

(B) Patient Name _____ (C) Identification/Chart Number _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Note: If Medicare doesn't pay for (D) services below, you may have to pay. Medicare does not pay for everything, even some care that you or your healthcare provider have good reason to think you may need. We expect Medicare may not pay for the (D) services below.

	(D) Service / Test / Procedure	(E) Reason Medicare May Not Pay	(F) Estimated Cost
1.	Annual/ Preventive Exam 99387/99397	Never a covered service	\$100.00
2.	Pelvic/Breast Exam G0101	Paid only every two years	\$50.00
3.	Screening Pap Q0091	Paid only every two years	\$50.00
4.	Screening Stool Occult Blood 82270	Not medically necessary	\$10.00
5.	Screening Urine 81002	Not medically necessary	\$5.00
6.	Sonogram 76830	Not medically necessary	\$150.00
7.	Other:		

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 (D) listed services 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 requires us to do this.

(G) OPTIONS: Check Only One Box. We cannot choose a box for you.

OPTION 1. I want the (D) services 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 (D) services 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 (D) services listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

(H) Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have any questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY 1-877-486-2048). By Signing below, means that you have received and understand this notice. You will also receive a copy.

(I) Signature: _____	(J) Date: _____
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