



Legacy Laboratory Services
1225 NE Second, Portland, OR 97232
(503) 413-1234 or (877)270-5566

Patient Name (last, first MI): _____

Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for **laboratory test(s)** below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **laboratory test(s)** below.

Medicare considers testing experimental or for research use only:

Medicare has testing frequency guidelines:

Medicare does not pay for these tests for your condition/diagnosis:

- | | | |
|---|--|---|
| <input type="checkbox"/> Alpha-Fetoprotein, serum | <input type="checkbox"/> Genetics / Cytogenetics | <input type="checkbox"/> PT-INR (<i>Prothrombin Time</i>) |
| <input type="checkbox"/> Blood Cell Counts (<i>CBC/ABC/etc.</i>) | <input type="checkbox"/> Glucose (<i>blood/urine/2hrPP</i>) | <input type="checkbox"/> PTT (<i>Partial Thromboplastin Time</i>) |
| <input type="checkbox"/> B-Type Natriuretic Peptide (<i>BNP</i>) | <input type="checkbox"/> hCG, Quantitative | <input type="checkbox"/> Thyroid Testing (<i>TSH/FreeT4/etc.</i>) |
| <input type="checkbox"/> Circulating Tumor Cell Marker Assays | <input type="checkbox"/> Hemoglobin A1c (<i>HgbA1c</i>) | <input type="checkbox"/> Tumor Antigens |
| <input type="checkbox"/> Collagen Crosslinks (<i>N-Telopeptide</i>) | <input type="checkbox"/> Hepatitis, Acute Panel | <input type="checkbox"/> (CA125/CA19-9/CEA/CA27.29/etc.) |
| <input type="checkbox"/> Digoxin | <input type="checkbox"/> HIV Testing (<i>Diagnosis / Prognosis</i>) | <input type="checkbox"/> Urine Culture/UA+C&S if indicated |
| <input type="checkbox"/> Drug of Abuse Testing | <input type="checkbox"/> Iron Studies (<i>Iron/IBC/Ferritin/Transferrin</i>) | <input type="checkbox"/> Vitamin D |
| <input type="checkbox"/> Fecal Occult Blood Group | <input type="checkbox"/> Lipids Testing (<i>LIPR/NMR/Chol/etc.</i>) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flow Cytometry | <input type="checkbox"/> Magnesium, Serum | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gamma Glutamyltransferase/GGT | <input type="checkbox"/> PSA Testing (<i>Free/Total/Screen</i>) | <input type="checkbox"/> |

Itemized Cost Estimate: _____ **Total:** _____

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 **laboratory test(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.

Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the **laboratory test(s)** 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 **laboratory test(s)** 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 **laboratory test(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:

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: _____

CMS does not discriminate in its programs and activities. To request this publication in an Alternative format, please call 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

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.

Form CMS-R-131 (Exp. 06/30/2023)

Form Approved OMB No. 0938-0566