

(A) Notified By: **BRICK WOMEN'S PHYSICIANS**
1140 BURNT TAVERN ROAD, BRICK, NJ 08724

PLEASE ADD LETTER AFTER YOUR ID NUMBER

(B) Patient Name: _____ (C) Identification Number: _____

ADVANCED BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

NOTE: Medicare does not pay for the (D) Preventative Care Visit below; you will be responsible for payment. **Medicare does not pay for everything**, even some care that you or your health care provider have good reason to think you need. We know Medicare will not pay for the (D) Preventative Care Visit below.

(D) Type of Service	(E) Reason Medicare May Not Pay:	(F) Estimated Cost:
Preventative Care Visit	Medicare does <u>NOT COVER THE PREVENTATIVE CARE</u> portion of your Routine Gynecological Exam such as: vitals; i.e. BP, weight, etc., review of medications, review of any reports; i.e. test results, radiology, etc., history; i.e. personal, surgical, etc., scripts, etc. Medicare will <u>ONLY COVER</u> the components of your routine gynecological exam such as: <i>pelvic exam, breast exam, and pap smear</i> which are covered <u>ONCE</u> every two (2) years and the <i>fecal occult blood test</i> which is covered <u>ONCE</u> every year.	\$80.00 FOR ESTABLISHED PATIENTS AND \$160.00 FOR NEW PATIENTS

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 finished reading.
- * Choose an option below about whether to receive the D. Preventative Care Visit listed above.

(G) OPTIONS: PLEASE INITIAL YOUR CHOICE. WE CANNOT CHOOSE AN OPTION FOR YOU.

 OPTION 1. I want the (D) Preventative Care Visit listed above. I may be asked to pay 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, coinsurance, and/or deductibles.

 OPTION 2. I want (D) Preventative Care Visit listed above, but do not bill Medicare. I 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. Preventative Care Visit 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: As a courtesy to help you we will submit your claim to your secondary and/or tertiary insurance that you might have, but Medicare cannot require us to do this.

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).

Your signature below means that you have received and understood this notice. You also receive a copy.

(I) Signature:	(J) Date:
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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 (0 Form Approved OMB No. 0938-0566