



Notifier(s): Quest Diagnostics Incorporated, P.O. Box 4911, Southeastern, PA 19398-1911
 Log on now at www.questdiagnostics.com/bill
 or call - 1-800-766-2604 8:00 a.m. - 6:00 p.m.

Patient Name:

Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for items checked or listed in the box 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 items listed or checked in the box below.

Listed or Checked Items Only:	92888 <input type="checkbox"/> 25-OH VITAMIN D-3 \$ 241.84	92464 <input type="checkbox"/> PAIN 6 W/CONF WO MM \$389.09	17306 <input type="checkbox"/> 25-OH VITAMIN D-3 \$241.84	Other <input type="checkbox"/>
	10715 <input type="checkbox"/> ADULT FOOD ALLERGY PROFILE \$489.30	16919 <input type="checkbox"/> PM OPIATES, OXYCOD QN \$115.91	10124 <input type="checkbox"/> CRP \$50.00	Other <input type="checkbox"/>
	237 <input type="checkbox"/> AFP, TUMOR (CHIRON) \$147.36	92458 <input type="checkbox"/> PM1 W/CONF, W/O MEDM \$346.49	11293 <input type="checkbox"/> FECAL BLOOD SCRIN IMMUNOAS \$116.99	Other <input type="checkbox"/>
	10643 <input type="checkbox"/> ALLERGY PNL REG 1 \$938.11	8847 <input type="checkbox"/> PRO TIME W/INR \$37.12	496 <input type="checkbox"/> HEMOGLOBIN A1C \$74.25	Other <input type="checkbox"/>
	29256 <input type="checkbox"/> CA125 \$191.22	5363 <input type="checkbox"/> PSA, TOTAL \$148.48	896 <input type="checkbox"/> LIPID PANEL \$147.34	Other <input type="checkbox"/>
	978 <input type="checkbox"/> CEA \$125.99	763 <input type="checkbox"/> PTT, ACTIVATED \$51.74	334 <input type="checkbox"/> CHOLESTEROL, TOTAL \$38.24	
	11363 <input type="checkbox"/> CHLAMYDIA/GC RNA, TMA \$206.97	866 <input type="checkbox"/> T-4, FREE \$146.23	608 <input type="checkbox"/> HDL-CHOLESTEROL \$66.36	
	334 <input type="checkbox"/> CHOLESTEROL, TOTAL \$38.24	896 <input type="checkbox"/> TRIGLYCERIDES \$42.74	896 <input type="checkbox"/> TRIGLYCERIDES \$42.74	
	395 <input type="checkbox"/> CULT, (U) ROUTINE \$60.75	899 <input type="checkbox"/> TSH \$130.49	92464 <input type="checkbox"/> PAIN 6 W/CONF W/O MM \$389.09	
	457 <input type="checkbox"/> FERRITIN \$112.49	36127 <input type="checkbox"/> TSH W/REFL FT4 \$130.49	16918 <input type="checkbox"/> PM, METHADONE METABOLITE, QUANT, URINE \$115.91	
	466 <input type="checkbox"/> FOLATE, SERUM \$118.11	17306 <input type="checkbox"/> VIT D, 25-OH, TOTAL, IA \$241.84	16919 <input type="checkbox"/> PM OPIATES, OXYCOD QN \$115.91	
	608 <input type="checkbox"/> HDL-CHOLESTEROL \$66.36	927 <input type="checkbox"/> VITAMIN B-12 \$120.36	92458 <input type="checkbox"/> PM1 W/CONF, W/O MEDM \$346.49	
	496 <input type="checkbox"/> HEMOGLOBIN A1C \$74.25	16558 <input type="checkbox"/> VITAMIN D, 1,25 \$319.46	5363 <input type="checkbox"/> PSA \$148.48	
	4848 <input type="checkbox"/> HEP B CORE AB IGM \$142.85	0031789 <input type="checkbox"/> HOMOCYSTEINE \$227.22	Other <input type="checkbox"/>	
	8472 <input type="checkbox"/> HEP C AB W/REFL HCV \$145.11	Other <input type="checkbox"/>	Other <input type="checkbox"/>	
	528 <input type="checkbox"/> HLA-B27 ANTIGEN \$187.86		Other <input type="checkbox"/>	
	7573 <input type="checkbox"/> IRON, TOTAL & IBC \$89.47		Other <input type="checkbox"/>	
	17223 <input type="checkbox"/> LEU & LYM 22 MARKERS \$1,756.92		Other <input type="checkbox"/>	
	7600 <input type="checkbox"/> LIPID PANEL \$ 147.34		Other <input type="checkbox"/>	
Reason Medicare May Not Pay:	Medicare does not pay for these tests for your condition		Medicare does not pay for these tests as often as this (denied as too frequent)	Medicare does not pay for experimental or research use tests
Estimated 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 checked items listed in the first box 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.

Options: 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:** _____

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