



1701 Century Center Cove
 Memphis, TN 38134
 (901)405-8200 / Toll-free 800-423-0504

7501 Strawberry Plains Pike
 Knoxville, TN 37924
 (423)586-3240

201 London Pkwy Suite 300
 Birmingham, AL 35211
 (205)332-1410

Patient Name: _____

Patient Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for the 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 checked test (s) below.

Laboratory Test(s): Estimated Test Cost Listed Below				Reason Medicare May Not Pay:
<input type="checkbox"/> ALPHA FETOPROTEIN SERUM 90.00	<input type="checkbox"/> HEMOGLOBIN A1C* 60.00	<input type="checkbox"/> PROBNP-PROBRAIN 160.00		1. Medicare does not pay for these tests for your condition.
<input type="checkbox"/> BETA HCG* 75.00	<input type="checkbox"/> Hepatitis Testing 300.00-315.00	<input type="checkbox"/> NATRIURETIC PEPTIDE		
<input type="checkbox"/> Cancer Antigens (CA19-9, CA 15-3, CA 125) 108.00	(AFP, HBsAG, HCV, HBcAB IgM, Hep A Ab IgM)	<input type="checkbox"/> PROTHROMBIN TIME/INR 25.00		
<input type="checkbox"/> C-PEPTIDE 102.00	<input type="checkbox"/> HIV Testing 88.00 to 800.00	<input type="checkbox"/> PSA -PROSTATE SPECIFIC ANTIGEN* 78.00		*2. Medicare has frequency limits for this test and may not pay as often as ordered.
<input type="checkbox"/> CEA* 96.00	(1/2 Screen/Reflex; Viral Load PCR, RNA, DNA)	<input type="checkbox"/> RPR/Syphilis 36.00-120.00		
<input type="checkbox"/> Cytogenetics (Chromosome Analysis) 1800.00	<input type="checkbox"/> IRON STUDIES 36.00-74.00	(RPR, Syphilis IgG Ab)	<input type="checkbox"/> THYROID TESTING* 84.00-144.00	**3. Medicare does not pay for experimental, research, or non-covered tests. [Circle appropriate reason(s)]
<input type="checkbox"/> COLLAGEN CROSS-LINKED 97.00	(Iron, TIBC, Ferritin, Folate, Transferrin)	<input type="checkbox"/> URINE CULTURE & Reflex testing 35.00-90.00		
<input type="checkbox"/> CBC & components 14.00-36.00	<input type="checkbox"/> LIPID TESTING & Components 34.00-310.00	<input type="checkbox"/> VITAMINS (ALL)* 42.00-146.00		
<input type="checkbox"/> CRP, HIGH SENSITIVITY** 70.00	(Chol, Triglycerides, HDL, LDL, Lipoprotein a, electrophoresis, NMR, NMP, VAP)*	<input type="checkbox"/> GENERAL HEALTH PANEL** 150.00		
<input type="checkbox"/> DIGOXIN 72.00	<input type="checkbox"/> OCCULT BLOOD* 45.00	<input type="checkbox"/> FLOW CYTOMETRY 150.00-2800.00		
<input type="checkbox"/> URINE DRUG TESTS 30.00-780.00	<input type="checkbox"/> PAP SMEAR* 78.00-108.00	<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> GGT 36.00	<input type="checkbox"/> PTT 36.00			
<input type="checkbox"/> GLUCOSE* 30.00				

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OPTION 2. I want the _____ 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.

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Additional Information:

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Laboratory Test(s) cont.: Estimated Test Cost Listed Below

CYP2C19/CYP2D6/CYP2C9/VKORCI	100.00-250.00	EGFR, GENE ANALYSIS	480.00	MDS MOLECULAR PROFILE	3500.00
ABSOLUTE CD4/CD8 COUNT RA	150.00	FACTOR V HR2 ALLELE DNA	501.00	MICROSATELITE INSTABL ANL	650.00
AML MOLECULAR PROFILE	3500.00	FAP PANEL	1730.00	MOLEC CYTO DNA PROBE, EACH	125.00
AMYLASE ISOENZYMES	90.00	FIBROACT TEST	215.00	MOLECULAR STOOL PATHOGEN	625.00
APOLIPOPROTEINS (A-1, B, E APOE)	24.00-108.00	FIBROSURE	400.00	MPN MOLECULAR PROFILE	3500.00
AUTOIMMUNE LYMPHOLIFERATIVE	200.00	FISH, BCR/ABL TRANSLOCATIO	500.00	MSI RFLX BRAF	530.00
BAL LYMPHOCYTE PROFILE	240.00	FRUCTOSAMINE SERUM	42.00	MULTIPLEX PROBE STAIN	1500.00
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BCR ABL QUANT PCR	510.00	HEPATITIS C VIRUS FIBROS	612.00	NARCOLEPSY EVALUATION	410.00
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BRCA VANTAGE COMPREHNSIVE	2300.00	HUMAN T-LYMPH VIRUS (HTLV I/II)	165.00	PAROXYSMAL NOCTURNAL	460.00
C TELOPEPTIDE	333.00	IBD SEROLOGY 7	1500.00	PCA3 PROST CA BIOMARKER	638.00
CALR EXON 9	420.00	IDH1 AND IDH2 ANALY MUT	625.00	PRADER-WILLI FISH	800.00
CALR EXON9 MUTATIONS	500.00	IGH, AMP X2	960.00	PROTEIN ANALYSIS	1350.00
CARNITINE	114.00	IMMUNOFIBRINOGEN ANTIGEN	80.00	PYRIDINOLINE	260.00
CD4	108.00	INFLXIMAB ACTIVITY	730.00	RESPIRATORY VIRUS PANEL	595.00
CHLORIDE FECAL, CSF, FLUID	30.00	INHIBIN B	92.00	SHOX GHD DNA SEQ AND DEL	350.00
CHROMOGRANIN A	176.00	INTERPHASE IN SITU HYBRID	828.00	SPECTROPHOTOMETRY ANALYTE	100.00
CHRONIC URTICARIA INDEX	200.00	JAK 2 MUTATION	870.00	T CELLS TOTAL COUNT CD3	90.00
C-KIT MUTATION, PCR	805.00	JAK2 QUAL FLEX EXON12	340.00	THIOPURINE S-METHYLTRANSF	500.00
CROHN'S PROGNOSTIC	1575.00	JAK2 RFLX TO EXONS 12 13	560.00	THYROSEQ/FNA UPMC PANEL	4056.00
CYBB GENE SCAN & NCF1	1800.00	KRAS, GENE ANALYSIS	34.00	TPMT GENOTYPE	500.00
CYSTAIN C, SERUM	160.00	LBT MITOGEN	732.00	TRANSLOCATION ANAL MINOR	350.00
CYSTIC FIBROSIS	362.00	LIPOPROTEIN ASSOC PHOSPHO	213.00	UGT1A1 GENOTYPING	700.00
CYTOCHROME P450 2C19, 2D6	566.00	LYMB DISEASE NATURAL	300.00	UROVYSION BY FISH	1000.00
DEOXYPYRIDINOLINE	255.00	LYMPHOCYTE BLAST TRANSFOR	732.00	Y CHROMOSOME MICRO DELETN	400.00