



Patient Name:

Medicare Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: Medicare will not pay for an annual exam (pelvic exam and breast exam) every year. This routine service is covered every 24 months. We will attempt to collect payment from Medicare, but if they deny the visit based on their guidelines for routine gynecological visits you will receive a bill for \$135. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need.

Please note that you may meet certain criteria to be considered high-risk. Medicare will pay for an annual exam every year if any of the following pertains to you:

- Early onset of sexual activity (under 16 years of age)
- Multiple sexual partners (five or more in a lifetime)
- History of STI (including human immunodeficiency virus [HIV] infection)
- Fewer than three negative Pap tests or no Pap tests within the previous 7 years
- DES (diethylstilbestrol)-exposed daughters of women who took DES during pregnancy
- Personal history of any cancer

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 listed service stated above; routine annual exam.

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. Your secondary insurance may also choose to deny the service because Medicare denied it.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- ☐ **OPTION 1. I choose to have my routine annual exam.** I 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. Based on the criteria above, I feel that I am considered high-risk.** I choose to have my annual exam and would like Medicare to be billed using a high-risk modifier. I understand if Medicare does not pay, I may still incur charges of \$135. (Please circle criteria above)
- ☐ **OPTION 3. I choose not to have my routine annual exam.** I understand with this choice I am **not** responsible for payment.

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: