

# Advance Beneficiary Notices

## What is an Advance Beneficiary Notice (ABN)?

An ABN is a written notice that you may receive from physicians, providers or suppliers, before they furnish a service or item. The notice must be a standard Medicare form (CMS-R-131). The ABN must include:

- That Medicare will probably deny payment for a specific service.
- The reason the physician, provider, or supplier expects Medicare to deny payment.
- That you will be personally and fully responsible for payment if Medicare denies the claim.

## When should I sign the Advanced Beneficiary Notice (ABN)?

The ABN must be presented to you before the service in question has taken place. Before signing the ABN you should also make sure that you question your physician about any alternative treatments that may be used. Also, ask how much the service or item will cost before deciding whether to have the service or not and signing the ABN. In order for the ABN to be valid, make sure you have signed and dated the ABN.

## How does receiving an Advance Beneficiary Notice (ABN) benefit me?

- The ABN protects you from unexpected financial liability in cases where Medicare denies payment. You have the opportunity to choose whether or not to receive the service or item.
- The ABN helps you to make an informed consumer decision about whether to obtain the service or item and be prepared to pay for it (that is, either out of your own pocket or by your other insurance coverage) if Medicare holds you liable for the service or item or to choose not to receive it.

## When I am liable for payment because I signed an Advance Beneficiary Notice (ABN), how much can I be charged?

When you sign an ABN and become liable for payment, there are no Medicare charge limits, which apply to the supplier's, physician's or provider's charges. The amount of the bill in such cases, therefore, is a matter between you and the supplier, physician or provider. Before signing an ABN, be sure to ask how much the service or item will cost you.

## What does an Advance Beneficiary Notice (ABN) mean when it says that I will be "personally and fully responsible" for payment?

It means that you will have to pay for the service or item yourself, either out-of-pocket or by some other insurance coverage which you may have in addition to Medicare.

## What information must be included in an Advance Beneficiary Notice (ABN) for a Part B service or item?

The ABN must identify the service or item for which denial is expected. It must also clearly state the reason a Medicare denial is expected. The ABN may include an estimate of the cost for the service or item. Be sure to ask how much it will cost you. You may choose to receive the service or item and to be responsible for payment if Medicare does not pay (in that case, you should choose "Option 1. YES"), or you may choose not to receive the service or item (in that case, you should choose "Option 2. NO"). Be sure to keep a copy of the signed ABN for your records.

## What if I refuse to sign the Advance Beneficiary Notice?

If you refuse to sign the ABN, your supplier, physician or provider, that takes assignment on the claim, may decide not to provide the service or item. The other alternative for the provider when a patient refuses to sign an ABN but still wants the service is to have a second person witness the refusal to sign and the beneficiary will then be liable. The provider would then still provide the service.

A. Notifier:

B. Patient Name:

C. Identification Number:

## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn't pay for D. \_\_\_\_\_ 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 D. \_\_\_\_\_ below.

D.	E. Reason Medicare May Not Pay:	F. 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 D. \_\_\_\_\_ 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.

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

- OPTION 1.** I want the D. \_\_\_\_\_ 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 D. \_\_\_\_\_ 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 D. \_\_\_\_\_ 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:

**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.

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.