

Patient Name:

Identification Number:

## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn't pay for **services** 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 **services** below.

	Reason Medicare May Not Pay:	Estimated Cost
<b>Preventative Screening Services</b>  <b>Pelvic Exam</b> <b>Pap Smear</b> <b>Breast Exam</b>	<b>Medicare only pays for pelvic exams/ pap smears/ breast exams once every 24 months unless patient is high risk.</b>	<b>\$230.00</b>

**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 **services** 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.

<b>OPTIONS: Check only one box. We cannot choose a box for you.</b>
<input type="checkbox"/> <b>OPTION 1.</b> I want the <b>services</b> 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 <b>I can appeal to Medicare</b> 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.
<input type="checkbox"/> <b>OPTION 2.</b> I want the <b>services</b> listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. <b>I cannot appeal if Medicare is not billed.</b>
<input type="checkbox"/> <b>OPTION 3.</b> I don't want the <b>services</b> listed above. I understand with this choice I am <b>not</b> responsible for payment, and <b>I cannot appeal to see if Medicare would pay.</b>

**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.

<b>Patient Signature:</b>	<b>Date:</b>
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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.

**This information was taken from Your Guide to Medicare's Preventive Services.**

You may keep this page for future reference – please return the top page signed to the front desk.

### **Cervical and Vaginal Cancer Screening**

Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the pelvic exam, Medicare also covers a clinical breast exam to check for breast cancer.

#### **How often is it covered?**

*Medicare covers these screening tests once every 24 months*, or once every 12 months for women at high risk, and for women of child-bearing age who have had an exam that indicated cancer or other abnormalities in the past 3 years.

#### **Are you at high risk for cervical cancer?**

Your risk for cervical cancer increases if any of the following are true:

- You have had an abnormal Pap test.
- You have had cervical or vaginal cancer in the past.
- You have a history of sexually transmitted disease (including HIV infection).
- You began having sex before age 16.
- You have had 5 or more sexual partners.
- Your mother took DES (Diethylstilbestrol), a hormonal drug, when she was pregnant with you.

### **Mammograms**

Women age 40 and older are eligible for a screening mammogram every 12 months. Medicare also covers one baseline mammogram for women between ages 35 and 39.

### **Yearly “Wellness” Visit**

Starting January 1, 2011, if you’ve had Part B for longer than 12 months, you can get a yearly “wellness” visit to develop or update a personalized prevention plan based on your current health and risk factors. This includes the following:

- Review of medical and family history
- A list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- A screening schedule for appropriate preventive services
- A list of risk factors and treatment options for you

The services you normally receive in our office are not included in the Annual Wellness visit. Specifically – the new Annual Wellness visit does not include pelvic and breast exams or the collection of pap smears. The Medicare Annual Wellness visit should be performed by your Primary Care provider and is geared to address your ongoing general medical needs and not specific gynecologic problems or concerns.

For further information:

Call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) TTY users should call 1-877-486-2048