



Prisma Health Baptist
Taylor at Marion Street
Columbia, SC 29220
803-296-5098

Prisma Health Richland
5 Richland Medical Park
Columbia, SC 29203
803-296-5098

Prisma Health Parkridge
400 Palmetto Health Parkway
Columbia, SC 29212
803-296-5098

Prisma Health Baptist Easley
200 Fleetwood Drive
Easley, SC 29641
864-442-7323

Patient Name: _____

Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for tests 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:	<input type="checkbox"/> Alpha-Fetoprotein (AFP) <input type="checkbox"/> Carcinoembryonic Antigen (CEA) <input type="checkbox"/> Digoxin Level <input type="checkbox"/> hCG, Quant <input type="checkbox"/> Glycated Hemoglobin (Hgb A1c) <input type="checkbox"/> Acute Hepatitis Profile <input type="checkbox"/> HIV1 <input type="checkbox"/> HIV2 <input type="checkbox"/> Iron , <input type="checkbox"/> TIBC , <input type="checkbox"/> Transferrin , <input type="checkbox"/> Ferritin <input type="checkbox"/> hsCRP <input type="checkbox"/> PTT <input type="checkbox"/> PT <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Cholesterol <input type="checkbox"/> Triglyceride <input type="checkbox"/> PSA, Diagnostic <input type="checkbox"/> TSH T4 Free T4 Total <input type="checkbox"/> Natriuretic Peptide (BNP) <input type="checkbox"/> Tumor Antigen (CA _____) <input type="checkbox"/> Urine Culture <input type="checkbox"/> Other _____	Cardiovascular Screening (every 5 years) <input type="checkbox"/> Lipid Panel <input type="checkbox"/> Cholesterol, Total <input type="checkbox"/> Lipoprotein, Direct, High Density <input type="checkbox"/> Triglycerides <input type="checkbox"/> Hepatitis C Antibody Screen (check NCD) Diabetes Screening (every 6 or 12 months) <input type="checkbox"/> Fasting glucose <input type="checkbox"/> Post glucose challenge test <input type="checkbox"/> Glucose Tolerance, 3 specimens <input type="checkbox"/> PSA Screen (every 12 months) <input type="checkbox"/> HIV Screen (every 12 months/Preg x3) <input type="checkbox"/> Sexually Transmitted Diseases <input type="checkbox"/> Chlamydia (women/every 12 months, pregnant x3) <input type="checkbox"/> Gonorrhea (GC) (same as Chlamydia) <input type="checkbox"/> Hepatitis B Surface Ag (pregnant women x2) <input type="checkbox"/> RPR (Syphilis) VDRL FTA (men & Women/annual. Pregnantx3)
Reason Medicare May Not Pay:	<input type="checkbox"/> Medicare does not pay for these tests for your condition <input type="checkbox"/> Medicare may not pay for these tests as often as this (denied as too frequent) <input type="checkbox"/> Medicare does not pay for experimental or research use tests <input type="checkbox"/> This is not a Medicare benefit	
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.

<p>Options: Check only one box. We cannot choose a box for you</p> <input type="checkbox"/> OPTION 1. I want the tests 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. <input type="checkbox"/> OPTION 2. I want the tests 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. <input type="checkbox"/> OPTION 3. I don't want the tests listed above. I understand with this choice I am not responsible for payment , and I cannot appeal to see if Medicare would pay
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Note: Some test results may automatically trigger another test to be performed. This may affect the amount you are required to pay. 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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