

Notifier:

Patient Name:

Subscriber Number:

ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

Note: If your insurance doesn't pay for A. _____ below, you may have to pay. Your insurance may not pay for everything, even some care that you or your healthcare provider has good reason to think you need. We are not sure if your insurance will pay for A. _____ below.

A.	Reason your insurance may not pay :	Estimated Cost :
CPT 76981, Fibroscan Ultrasound of Liver	Not all insurance covers this test. Some insurances require this test to be performed at select facilities. Some insurances may require additional testing prior to this test.	\$150.0

What you need to do now:

- Read this notice, so you can make an informed decision about your care.
- Ask us and your insurance any questions you may have after you have finished reading.
- Choose an option below about whether to receive the A. _____ listed above.

Options: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> Option 1. I want the A. _____ listed above. You may ask to be paid at the time of the test but I also want my insurance billed for an official decision on payment, which is sent to me as an Explanation of Benefits. I understand that if my insurance doesn't pay I am responsible for the payment, as listed in the estimated cost, but I can appeal with my insurance directly. <input type="checkbox"/> Option 2. I want the A. _____ listed above, but do not bill my insurance. You may ask to be paid prior to the test as I am responsible for the payment. I can submit to my insurance for out of network coverage. <input type="checkbox"/> Option 3. I do not want A. _____ listed above, I understand with this choice I am not responsible for payment. I may choose to investigate my benefits myself and provide the office with an Explanation of Benefits later.

Additional Information:

This notice gives our opinion, not your insurance's official decision. If you have any questions regarding your benefits, please contact your insurance company.

Signing below I have received and understand this notice. You may request a copy of this notice.

Signature:	Date:
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