

A. Notifier: Frederick Gastroenterology Associates

B. Patient Name: _____ C. Date of Birth _____

(ABN) Advance Beneficiary Notice of Non-coverage

NOTE: If Medicare doesn't pay for **D. Colonoscopy**, 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. Colonoscopy**.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Colonoscopy	Not the required time span between Colonoscopies. <ul style="list-style-type: none">• Less than 2-years between High-Risk screening• Less than 10-years between routine screening• Sigmoidoscopy within 48-months of a Colonoscopy	FEC Facility Fee: \$575.00 FGA Professional Fee \$292.50

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. Flexible Sigmoidoscopy** 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. Colonoscopy**, 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. Colonoscopy**, 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. Colonoscopy**, 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: Please feel free to contact the billing department at 301-695-6800 option 8 to inquire about the dates of any procedures that Frederick Gastroenterology Associates Physicians have performed.

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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