

A. Notifier: Healthcare For Women

B. Patient Name:

C. Account Number:

Advance Beneficiary Notice of Non Coverage (ABN)

NOTE: If Medicare doesn't pay for **D. Preventive Visit** 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. Preventive Visit** below.

| D. | E. Reason Medicare May Not Pay: | F. Estimated Cost |
|---|--|------------------------------------|
| <p align="center">ROUTINE PREVENTIVE VISIT</p> | <p align="center">Medicare will only pay for ONE Routine Preventive Visit every 24 MONTHS</p> | <p align="center">\$100</p> |

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. Preventive Visit** listed above.

Note: If you choose Option 1 or 2, we may help you 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. Preventive Visit** 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. Preventive Visit** 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 do not want the **D. Preventive Visit** 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:

I am aware Medicare will not cover my visit and I will be responsible for any charges. _____

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: |
|---------------|----------|

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.

Medicare Coverage For Preventive Gyn Visit and Pap Test

Coverage:

Medicare Part B (Medical Insurance) covers Preventive Gyn visits, Pap tests, and pelvic exams to check for cervical and vaginal cancer. As part of the exam, Part B also covers a clinical breast exam to check for breast cancer. Part B covers these screening tests:

- Once every 24 months for all women
- Once every 12 months if you're at high risk for cervical or vaginal cancer, or if you're of childbearing age and have had an abnormal Pap test in the past 36 months

Cost (if on Medicare Original Plan):

You pay nothing for the lab Pap test, Pap test specimen collection, pelvic exam and breast exam if the doctor accepts assignment and are eligible for coverage on the date of the exam.

Medicare considers you high risk if any of the following apply:

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

For more information please visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.