Tri-County Medical
The Benchmark for Quality Care

***(A)* Notifier(s)**
***(B)* Patient Name:** _____ ***(C)* Identification Number:** _____

# Advance Beneficiary Notice of Noncoverage (ABN)

***NOTE:*** If your insurance doesn't pay for ***(D)***_____ below, you may have to pay.

Health insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect your insurance may not pay for the ***(D)***_____ below.

| (D) | (E) Reason your insurance may not pay: | (F) 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 ***(D)***_____ listed above.

**Note**: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but your insurance 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)***_____ listed above. You may ask to be paid now, but I also want my insurance billed for an official decision on payment. I understand that if my insurance doesn't pay, I am responsible for payment. I may be able to appeal to my insurance.

❑ **Option 2.** I want the ***(D)***_____ listed above, but do not bill my insurance. You may ask to be paid now, as I am responsible for payment. **I cannot appeal if my insurance is not billed.**

❑ **Option 3.** I don't want the ***(D)***_____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if my insurance would pay.**

***(H)* Additional Information:**

**This notice gives our opinion, not an official insurance decision.** If you have other questions, please call your insurance. Signing below means that you have received and understand this notice. You also receive a copy.

| ***(I)* Signature:** | ***(J)* Date:** |
|---|---|
| | |