

A. Notifier:
B. Patient Name:

C. Insurance:
C. ID Number:

Advance Beneficiary Notice (ABN) of Non-coverage Commercial Insurance

NOTE: If Insurance doesn't pay for the laboratory test(s) below, you may have to pay. 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 Insurance may not pay for the test(s) below.

D. Laboratory Test(s)	E. Reason 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 Laboratory Test(s) listed above.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the Laboratory Test(s) listed above. I understand that if my insurance does not pay, I am responsible for payment.
- OPTION 2.** I want the Laboratory Test(s) listed above, but do not bill Insurance. You may ask to be paid now as I am responsible for payment.
- OPTION 3.** I don't want the Laboratory Test(s) listed above.

H. Additional Information:

I. Signature:	J. Date:
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