
Information for Medicare Patients

A guide to understanding diagnostic therapeutic services.

- **How Will I Be Billed?** - Our laboratory receives a written request from your physician/clinician for laboratory testing. The laboratory will bill Medicare directly for these tests. The laboratory gives Medicare your Medicare number, the tests performed, and your diagnosis that is provided by your physician.

- **Medical Necessity Requirement** - Medicare covers only those tests and services which are necessary and reasonable for your treatment. Medicare requires all care providers to report information relative to the patient's symptom(s) and/or diagnosis when seeking payment so that they can determine whether the tests ordered are medically necessary.

- **Advance Beneficiary Notice of Noncoverage (ABN)** - An ABN is to give you advanced notice that the test or tests you are having performed may not be covered by Medicare. The ABN outlines the test(s) which are in question. If Medicare denies payment, this informs you that you will be financially responsible for your bill. When the ABN form is required, you will be asked to sign this before laboratory testing can be performed.

- **Options** - When presented with the ABN form, you have several options (on form):

— **OPTION 1.** I want the test 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 test 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 test listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay. This option means the beneficiary does not want the care in question. By checking this box, the beneficiary understands that no additional care will be provided and thus, there are no appeal rights associated with this option.

- **What if I Decline to Sign the ABN?** - If you decide to not sign the ABN and demand the test(s), the laboratory testing will be performed, and you will be held responsible for payment if Medicare denies coverage.

- **If Medicare Denies Payment, Does That Mean I Do Not Need This Test?** - No. Your physician/clinician bases many decisions about laboratory testing on a variety of factors which may include your medical history, acceptable medical practices, and various medications you are taking. Your physician may request a particular test that may give him/her information to provide quality care for you, and it is possible that Medicare may not consider this test to be medically necessary with your symptom or diagnosis.

- **Other Questions** - It is important that you discuss your questions with your health care provider at the time of service. If you have further questions, contact your health care provider's office or you may contact your local Medicare office at 800-522-8323 or visit the website at www.medicare.gov.