

A. Notifier: Women Partners in OB/GYN Tax ID742591869

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **Pelvic Exam and PAP Collection** 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 **Pelvic Exam & PAP collection** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated
Pelvic/Breast Exam/PAP Collection	Medicare will only pay for these services to be performed every 24 months.	\$80-\$100

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 **Pelvic Exam & PAP Collection** 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.
<input type="checkbox"/> OPTION 1. I want the PELVIC EXAM AND PAP COLLECTION 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.
<input type="checkbox"/> OPTION 2. I want the PELVIC EXAM AND PAP COLLECTION 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.
<input type="checkbox"/> OPTION 3. I don't want the PELVIC EXAM AND PAP COLLECTION 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:

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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Women Partners
in OB/GYN

Medicare/Medicare Replacement Well Woman Exams

Medicare/Medicare Replacement will pay for a Pelvic Exam, Breast Exam and Pap Smear Collection **every 24 months**. At Women Partners in OB/GYN our physicians feel that a complete preventive visit includes other components such as a discussion and review of bone density and mammography studies, age-appropriate counseling and the status of previously diagnosed gynecological conditions. Therefore, a complete **Well Woman Exam** will be done and will be charged.

Under current Medicare rules, if it has been 24 months since your last exam, medicare will pay for the pelvic and breast exam but **will deny the Well Woman Exam**. If you have a secondary insurance we will submit the claim, but most of them also will not pay. If that is the case, new patients will receive a bill for **\$60.00** and established patients will receive a bill for **\$35.00**. This is the fee for the parts of the exam that your insurance does not pay.

The **Annual Wellness Exam** that is covered by Medicare/Medicare Replacement as of 2011 is a more general health exam that includes screenings and services provided by a primary care physician.

Signed: _____

Printed Name: _____

Date: _____