

A. Notifier:

B. Patient Name:

C. Insurance:

D. ID Number:

Advance Beneficiary Notice of Noncoverage

Commercial Insurance

NOTE: If C. _____ doesn't pay for laboratory testing below, you may have to pay.

Insurance providers do 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 laboratory testing below.

D. Laboratory Tests	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 testing listed above.

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

OPTION 1. I want the laboratory testing listed above. I understand that if my insurance doesn't pay, I am responsible for payment.

OPTION 2. I want **the laboratory testing listed** above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment.

OPTION 3. I don't want the laboratory testing listed above.

H. Additional Information:

I. Signature:

J. Date:

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