



A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare/Medicare Advantage Plan (MAP) doesn't pay for D. (below), you will have to pay. Medicare/MAP 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/MAP may not pay for the items below.

D.	E. Reason Medicare/MAP May Not Pay:	F. Estimated Cost
<input type="checkbox"/> Refraction (determination of glasses prescription)	Non-covered item	\$45.00
<input type="checkbox"/> Corneal Topography (only for patients who wear contact lenses or have had laser surgery)	Non-covered item	\$48.00
<input type="checkbox"/> Fundus Photography (if there is not a medical diagnosis)	Non-covered item without a medical diagnosis code	\$45.00

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.** items 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/MAP cannot require us to do this.

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

- OPTION 1.** I want the checked items in **D.** listed above. You may ask to be paid now, but I also want Medicare/Map billed for an official decision on payment, which is sent to me on a Medicare/ MAP Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare/MAP** by following the directions on the MSN. If Medicare/ MAP does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the checked items in **D.** listed above, but do not bill Medicare/MAP. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare/MAP is not billed.**
- OPTION 3.** I don't want the items **D.** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare/MAP would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare/MAP decision. If you have other questions on this notice or Medicare/MAP billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048) or the number on the back of your MAP card. Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (03/11)

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