

A. Notifier:

**B. Patient Name:** 

PO Box 3220 Asheville, NC 28802 800.522.4762 • www.GDX.net

Medicare may not pay for these tests for your condition   \$154.00	D. Laboratory Tests:	E. Reason Medicare May	Not Pay:	F. Estimated Cost:
<ul> <li>Read this notice, so you can make an informed decision about your care.</li> <li>Ask us any questions that you may have after you finish reading.</li> <li>Choose an option below about whether to receive the <i>D. laboratory tests</i> 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.     </li> <li>G. Options: Check only one box. We cannot choose a box for you.</li> <li>OPTION 1. I want the <i>D.</i> laboratory tests 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.</li> <li>OPTION 2. I want the <i>D.</i> laboratory tests listed above, but do not bill Medicare. You may ask to be paid not as I am responsible for payment. I cannot appeal if Medicare is not billed.</li> <li>OPTION 3. I don't want the <i>D.</i> laboratory tests listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.</li> <li>H. Additional Information:</li> <li>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).</li> </ul>	82306 – Add-On Vitamin D Assay	, , ,	ese tests for your	\$154.00
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**C.** Identification Number:

Advance Reneficiary Notice of Noncoverage (ARN)

to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850. Form CMS-R-131 (Exp. 06/30/2023)