

A. Notifier: ADVANCED HEALTH SERVICES, INC.

B. Patient Name:

C. Identification Number:

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## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn't pay for **D. PAP SUPPLIES** 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 **D. PAP SUPPLIES** below.

D. PAP SUPPLIES				E. Reason Medicare May Not Pay:	F. Estimated Cost
Item	HCPC Code	Frequency	Date Last Received		
Full Face Mask Interface	A7030	1 per 3 Months		The table to the left represents the maximum frequency Medicare allows for replacement supplies. If you have received any of the supplies below from another DME supplier within the allowed frequency, they will not be eligible for Medicare coverage.	\$144.38
Nasal Mask Interface	A7034	1 per 3 Months			\$90.02
Full Face Cushion	A7031	1 per Month			\$53.40
Nasal Cushion	A7032	2 per 1 Month			\$31.02
Nasal Pillows	A7033	2 per 1 Month			\$21.74
Headgear	A7035	1 per 6 Months			\$30.41
Chinstrap	A7036	1 per 6 Months			\$11.83
Regular Tubing	A7037	1 per 3 Months			\$31.28
Heated Tubing	A4604	1 per 3 Months			\$31.11
Water Chamber	A7046	1 per 6 Months			\$14.93
Disposable Filters	A7038	2 per 1 Month			\$3.51
Non-Disposable Filters	A7039	1 per 6 Months			\$10.70

### 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. PAP SUPPLIES** 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.**

- OPTION 1.** I want the **D. PAP SUPPLIES** 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 **D. PAP SUPPLIES** 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 **D. PAP SUPPLIES** 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:**

\*Please note that not all the items above may apply to you.

If you have any questions, please feel free to contact us at (708) 364-9606.

Billing Department: Ext. 7763  
Supply Department: Ext. 7764  
Therapy Questions: Ext. 7765

**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.

<b>I. Signature:</b>	<b>J. Date:</b>
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