

A. Notifier: RealTime Laboratories, Inc., 4100 Fairway Ct., #600, Carrollton, TX 75010, PH.: 972-492-0419
B. Patient Name: _____ **C. Medicare ID:** _____

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. Laboratory Testing 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. Laboratory Testing** low.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
<input type="checkbox"/> E8400 MYCO16 Panel \$399 <input type="checkbox"/> E8501 Ochratoxin A \$250 <input type="checkbox"/> E8501 Ochratoxin A \$250 <input type="checkbox"/> E8502 Aflatoxin Group (B1B2,G1,G2) \$250 <input type="checkbox"/> E8503 Trichothecene Group \$250 <input type="checkbox"/> E8510 Gliotoxin \$250 B512 Zearalenone 250 <input type="checkbox"/> P51001 Glyphosate \$129 <input type="checkbox"/> M8605 Aspergillus Species / Target \$320 <input type="checkbox"/> M8617 Candida Species / Target \$480 <input type="checkbox"/> E8400F MYCO16 Panel follow-up \$249	<p>Your referring provider may not provide a diagnosis that supports medical necessity according to Medicare Coverage Policies and the repeat laboratory testings may exceed frequency limitations set by Medicare.</p>	

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. Laboratory Testing** 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. Laboratory Testing** 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. Laboratory Testing** 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. Laboratory Testing** 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 may ask to receive a copy.

I. Signature: _____	J. Date: _____
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You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to 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.