



DIAGNOSTIC
LABORATORY
OF OKLAHOMA

Notifier(s): Diagnostic Laboratory of Oklahoma, L.L.C., 225 NE 97th St. Oklahoma City, OK 73114
Log on now at www.DLOLAB.com/patient/billing
or call - 1-866-MY-QUEST

Patient Name:

Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

Medicare doesn't pay for everything, even some care you or your health care provider think you need. **We expect Medicare may not pay for the item, test, service or care listed below.** If Medicare doesn't pay, you may have to pay.

Item, test, service or care	237 <input type="checkbox"/> AFP, TUMOR (CHIRON) \$ 60.00	7573 <input type="checkbox"/> IRON, TOTAL, & IBC \$ 48.50	978 <input type="checkbox"/> CEA \$ 60.00	Other <input type="checkbox"/> _____
	29256 <input type="checkbox"/> CA125 \$ 80.00	7600 <input type="checkbox"/> LIPID PANEL \$ 47.00	496 <input type="checkbox"/> HEMOGLOBIN A1C \$ 30.00	
	5819 <input type="checkbox"/> CA 15-3 \$ 70.00	14852 <input type="checkbox"/> LIPID PNL W/REF DIR \$ 47.00	7600 <input type="checkbox"/> LIPID PANEL \$ 47.00	Other <input type="checkbox"/> _____
	4698 <input type="checkbox"/> CA 19-9 (CENTOCOR) \$ 75.00	Varies <input type="checkbox"/> PAP \$ 62.50	334 <input type="checkbox"/> CHOLESTEROL, TOTAL \$ 12.00	
	6399 <input type="checkbox"/> CBC (DIFF/PLT) \$ 25.00	<input type="checkbox"/> WITH REFLEX \$697.00	484 <input type="checkbox"/> GLUCOSE, PLASMA \$ 20.00	Other <input type="checkbox"/> _____
	978 <input type="checkbox"/> CEA \$ 60.00	8847 <input type="checkbox"/> PRO TIME WITH INR \$ 20.00	608 <input type="checkbox"/> HDL-CHOLESTEROL \$ 20.00	
	10124 <input type="checkbox"/> HS CRP \$ 50.00	5363 <input type="checkbox"/> PSA, TOTAL \$ 70.00	896 <input type="checkbox"/> TRIGLYCERIDES \$ 15.00	Other <input type="checkbox"/> _____
	418 <input type="checkbox"/> DIGOXIN \$ 40.00	763 <input type="checkbox"/> PTT, ACTIVATED \$ 20.00	14852 <input type="checkbox"/> LIPID PNL W/REF DIR \$ 47.00	
	395 <input type="checkbox"/> CULT, (U) ROUTINE \$ 35.00	861 <input type="checkbox"/> T-3 UPTAKE \$ 25.00	Varies <input type="checkbox"/> PAP \$ 62.50	Other <input type="checkbox"/> _____
	457 <input type="checkbox"/> FERRITIN \$ 40.00	867 <input type="checkbox"/> T-4 (THYROXINE) \$ 25.00	<input type="checkbox"/> WITH REFLEX \$697.00	
	466 <input type="checkbox"/> FOLATE, SERUM \$ 40.00	866 <input type="checkbox"/> T-4, FREE \$ 60.00	5363 <input type="checkbox"/> PSA, TOTAL \$ 70.00	Other <input type="checkbox"/> _____
	482 <input type="checkbox"/> GGT \$ 25.00	899 <input type="checkbox"/> TSH \$ 60.00	11290 <input type="checkbox"/> FECAL IMMUNOCHEM MED \$116.99	
	8396 <input type="checkbox"/> HCG, TOTAL, QN \$ 70.00	36127 <input type="checkbox"/> TSH W/REFL FT4 \$ 60.00	91431 <input type="checkbox"/> HIV1/2 AB SCR W/RF \$ 60.00	Other <input type="checkbox"/> _____
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	10306 <input type="checkbox"/> HEP PNL ACUTE W/REF \$235.00	7065 <input type="checkbox"/> VIT B12/FOLATE, SER \$100.00	927 <input type="checkbox"/> VITAMIN B12 \$ 60.00	Other <input type="checkbox"/> _____
	91431 <input type="checkbox"/> HIV1/2 AB SCR W/RF \$ 60.00	17306 <input type="checkbox"/> VIT D, 25-OH, TOTAL IA \$ 80.00	7065 <input type="checkbox"/> VIT B12/FOLATE, SER \$100.00	
	31789 <input type="checkbox"/> HOMOCYSTEINE \$ 80.00	Other <input type="checkbox"/> _____	17306 <input type="checkbox"/> VIT D, 25-OH, TOTAL IA \$ 80.00	Other <input type="checkbox"/> _____
	571 <input type="checkbox"/> IRON, TOTAL \$ 25.00	Other <input type="checkbox"/> _____	Other <input type="checkbox"/> _____	
Reason Medicare may not pay	Medicare does not pay for these tests for your condition		Medicare does not pay for these tests as often as this (denied as too frequent)	Medicare does not pay for experimental or research use tests
Estimated cost				

WHAT YOU NEED TO DO NOW:

- Read this notice to make an informed decision about your care.
- Ask any questions you have.
- Choose one option below to let us know if you still want to get the item, test, service or care.

Options: Choose ONE option below. We can't choose for you.

If you choose Option 1 or 2, we may help you use any other insurance you might have, but Medicare can't require us to do this.

Option 1: I want the item, test, service or care listed above, and I want Medicare to be billed for an official decision on payment, which I'll get on a Medicare Summary Notice (MSN). You can ask to be paid now. I understand that if Medicare doesn't pay, I'm responsible to pay, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you'll refund any payments I made to you, minus co-pays or deductibles.

Option 2: I want the item, test, service or care listed above, but don't bill Medicare. You can ask to be paid now and I'm responsible to pay. I understand that I can't appeal, since Medicare isn't billed.

Option 3: I don't want the item, test, service or care listed above. I understand I'm not responsible for payment and I can't appeal to see if Medicare would pay.

Additional information:

This notice gives our opinion, not an official Medicare decision. For other questions about this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Signing below means you received and understand this notice. You can ask to get a copy.

Signature	Date (mm/dd/yyyy)
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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 www.Medicare.gov/about-us/accessibility-nondiscrimination-notice.

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LABORATORY ORDERING PROCEDURE FOR MEDICARE PATIENTS

- Step 1. Determine the tests to be ordered and indicate on the requisition all medically appropriate ICD-10 codes that accurately reflect the patient's condition or symptoms, and therefore, the diagnostic purpose for ordering the test(s).**
- Step 2. Determine if the tests or any test in a panel/profile ordered appear on the list of Medicare Limited Coverage Tests.**
If no.....Proceed with lab specimen submission procedures.
If yes.....Go to Step 3.
- Step 3. Determine if the ICD-10 codes you have specified are included on the Medicare carrier's list of covered ICD-10 codes for that test. If yes, and there is no frequency symbol (F) next to the test on the requisition, proceed with lab specimen submission procedures. If no, go to step 4.**
- Step 4. Review with your patient the Advance Beneficiary Notice (ABN) Form**
1. Insert your patient's name.
 2. Write in or check off the test(s) that Medicare may not cover in the appropriate column.
 3. Refer to the Quest Diagnostics Patient Price List for the estimated costs of the test(s) that the patient may be responsible to pay.
 4. **INSERT THE PRICE IN THE SPACE MARKED "ESTIMATED COST" ON THE ABN.**
 5. Present the entire ABN form to your patient and explain that Medicare may deny the services listed on the ABN and the patient may be responsible for payment of the test(s) listed on the ABN. Make sure that the patient reads the ABN in its entirety and understands it.
 6. Explain why you think the test(s) is medically appropriate.
 7. Have your patient personally select Option 1, Option 2, or Option 3 on the ABN. **(Choose only one option box)**
 8. After the option is selected, the **"patient must sign and date the form"**.
 9. Provide your patient with a copy of the signed ABN.
- Note: All spaces must be filled out completely.**
- Step 5. Submit the completed Advance Beneficiary Notice form with the completed requisition for those test(s) that the patient has agreed to receive.**