



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](http://www.DLOLAB.com/patient/billing)  
or call - 1-888-241-7742 8:00 a.m. - 4:30 p.m.

**Patient Name:** \_\_\_\_\_

**Identification Number:** \_\_\_\_\_

**ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**

**NOTE:** If Medicare doesn't pay for items checked or listed in the box 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 items listed or checked in the box below.

<b>Listed or Checked Items Only:</b>	237 <input type="checkbox"/> AFP, TUMOR (CHIRON) \$ 60.00	571 <input type="checkbox"/> IRON, TOTAL \$ 25.00	978 <input type="checkbox"/> CEA \$ 60.00	Other <input type="checkbox"/> _____
	29256 <input type="checkbox"/> CA125 \$ 80.00	7573 <input type="checkbox"/> IRON, TOTAL, & IBC \$ 48.50	496 <input type="checkbox"/> HEMOGLOBIN A1C \$ 30.00	Other <input type="checkbox"/> _____
	5819 <input type="checkbox"/> CA 15-3 \$ 70.00	7600 <input type="checkbox"/> LIPID PANEL \$ 47.00	7600 <input type="checkbox"/> LIPID PANEL \$ 47.00	Other <input type="checkbox"/> _____
	4698 <input type="checkbox"/> CA 19-9 (CENTOCOR) \$ 75.00	14852 <input type="checkbox"/> LIPID PNL W/REF DIR \$ 47.00	334 <input type="checkbox"/> CHOLESTEROL, TOTAL \$ 12.00	Other <input type="checkbox"/> _____
	6399 <input type="checkbox"/> CBC (DIFF/PLT) \$ 25.00	Varies <input type="checkbox"/> PAP \$ 50.00	484 <input type="checkbox"/> GLUCOSE, PLASMA \$ 20.00	Other <input type="checkbox"/> _____
	978 <input type="checkbox"/> CEA \$ 60.00	<input type="checkbox"/> WITH REFLEX \$515.00	608 <input type="checkbox"/> HDL-CHOLESTEROL \$ 20.00	Other <input type="checkbox"/> _____
	10124 <input type="checkbox"/> HS CRP \$ 50.00	8847 <input type="checkbox"/> PRO TIME WITH INR \$ 20.00	896 <input type="checkbox"/> TRIGLYCERIDES \$ 15.00	
	2126 <input type="checkbox"/> Dap 10-50 \$160.00	5363 <input type="checkbox"/> PSA, TOTAL \$ 70.00	14852 <input type="checkbox"/> LIPID PNL W/REF DIR \$ 47.00	
	418 <input type="checkbox"/> DIGOXIN \$ 40.00	763 <input type="checkbox"/> PTT, ACTIVATED \$ 20.00	Varies <input type="checkbox"/> PAP \$ 50.00	
	395 <input type="checkbox"/> CULT, (U) ROUTINE \$ 35.00	861 <input type="checkbox"/> T-3 UPTAKE \$ 25.00	<input type="checkbox"/> WITH REFLEX \$515.00	
	457 <input type="checkbox"/> FERRITIN \$ 40.00	867 <input type="checkbox"/> T-4 (THYROXINE) \$ 25.00	5363 <input type="checkbox"/> PSA, TOTAL \$ 70.00	
	466 <input type="checkbox"/> FOLATE, SERUM \$ 40.00	866 <input type="checkbox"/> T-4, FREE \$ 60.00	11293 <input type="checkbox"/> FECAL IMMUNOCHEM MED \$ 55.00	
	482 <input type="checkbox"/> GGT \$ 25.00	899 <input type="checkbox"/> TSH \$ 60.00	91431 <input type="checkbox"/> HIV1/2 AB SCR W/RF \$ 60.00	
	8396 <input type="checkbox"/> HCG, TOTAL, QN \$ 70.00	36127 <input type="checkbox"/> TSH W/REFL FT4 \$ 60.00	8396 <input type="checkbox"/> HCG, TOTAL, QN \$ 70.00	
	496 <input type="checkbox"/> HEMOGLOBIN A1C \$ 30.00	927 <input type="checkbox"/> VITAMIN B12 \$ 60.00	927 <input type="checkbox"/> VITAMIN B12 \$ 60.00	
	10306 <input type="checkbox"/> HEP PNL ACUTE W/REF \$235.00	7065 <input type="checkbox"/> VIT B12/FOLATE, SER \$100.00	7065 <input type="checkbox"/> VIT B12/FOLATE, SER \$100.00	
	91431 <input type="checkbox"/> HIV1/2 AB SCR W/RF \$ 60.00	17306 <input type="checkbox"/> VIT D, 25-OH, TOTAL IA \$ 80.00	17306 <input type="checkbox"/> VIT D, 25-OH, TOTAL IA \$ 80.00	
	31789 <input type="checkbox"/> HOMOCYSTEINE \$ 80.00	Other <input type="checkbox"/>	Other <input type="checkbox"/>	
<b>Reason Medicare May Not Pay:</b>	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	
<b>Estimated Cost:</b>				

**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 checked items listed in the first box 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.

**Options: Check only one box. We cannot choose a box for you.**

**OPTION 1.** I want the laboratory test(s) 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 laboratory test(s) 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 laboratory test(s) listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

**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 also receive a copy.

<b>Signature:</b> _____	<b>Date:</b> _____
-------------------------	--------------------

**CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov).**

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.