

40 (A)Notifier(s): Magnolia Obstetrics & Gynecology, PLLC
3600 Gaston Avenue #601 Barnett Tower Dallas, TX 75246 (214)377-1699 ofc

(B) Patient Name: _____ (C) Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If my insurance doesn't pay for (D)Medical Services below, you may have to pay.

My insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect you insurance may not pay for the (D)Medical Services below.

(D) Medical Services	(E) Reason Insurance May Not Pay:	(F) Estimated Cost:
WELL WOMAN EXAM	MAY NOT BE COVERED BY YOUR INSURANCE	\$200

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)Well Woman Exam listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but your insurance cannot require us to do this.

(G) OPTIONS:	Check only one box. We cannot choose a box for you.
<input type="checkbox"/>	OPTION 1. I want the (D)Medical Services listed above to be file to my insurance. I understand that if my insurance doesn't pay, I am responsible for payment. If it does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/>	OPTION 2. I want the (D)Medical Services listed above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment.
<input type="checkbox"/>	OPTION 3. I don't want the (D)Medical Services listed above. I understand with this choice I am not responsible for payment.

(H) Additional Information:

This notice gives our opinion, not an official insurance decision. If you have other questions on this notice or billing, call your insurance company.

Signing below means that you have received and understand this notice. You may receive a copy at your request.

(I) Signature: _____	(J) Date: _____
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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.