



3900 Junius Street Ste 145
 Dallas TX 75246
 Phone 214-377-1699
 Fax 214-824-8365

Advanced Beneficiary Notice of Noncoverage (ABN) Well Woman Exam

Patient Name:
 Patient ID:

Note: If your insurance doesn't pay for the procedures/services below, you will be responsible for payment.

Insurance does not pay for everything, even some care that you and your healthcare provider believe you may need. We expect insurance may not pay for the procedures/services below.

Procedure & Service: Well Woman Exam

Reason insurance may not pay: insurance has not been added newborn to insurance policy.

Estimated Cost: \$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 procedures/services listed above.

OPTIONS: Check only one box. We can not choose a box for you.

? OPTION 1. I want the *(D)Medical Services* listed above to be filed 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.

? 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.

? OPTION 3. I don't want the *(D)Medical Services* listed above. I understand with this choice I am not responsible for payment.

Additional Information

This notice gives our opinion, not an official decision by your insurance.

If you have other questions about your insurance coverage, please contact your insurance carrier directly. Signing below means that you have received and understand this notice.

Patient Signature

Date/Time