



North Hills
 Passavant Prof. Bldg
 9104 Babcock Blvd.
 Suite 3112
 Pittsburgh, PA 15237
 p: 412-366-3889
 f: 412-364-6160

Allegheny
 Allegheny Prof Bldg
 490 East North Ave.
 Suite 207
 Pittsburgh, PA 15212
 p: 412-321-1810
 f: 412-321-2005

Mercy
 Building D
 Suite # 5122
 1400 Locust St.
 Pittsburgh, PA 15219
 p: 412-281-0322
 f: 412-281-2327

Robinson
 133 Church Hill Rd.
 1st Floor
 Pittsburgh, PA 15136
 p: 412-321-1810
 or 866-827-0173
 f: 412-321-2005

www.metroent.org

Steven R. Jones, M.D.
Scott E. Celin, MD, FACS
Philip A. Pollice, MD, FACS
James E. Blaugrund, MD, FACS
Michael S. Srodes, M.D., FACS

Brentwood
 4190 Brownsville Rd.
 Pittsburgh, PA 15227
 p: 412-281-0322
 f: 412-281-2327

Greentree
 969 Greentree Rd., 2nd Fl
 Pittsburgh, PA 15220
 p: 412-281-0322
 f: 412-281-2327

Wexford
 6001 Stonewood Dr., Ste 300
 Wexford, PA 15090
 p: 724-772-2711
 f: 724-935-3045

Notifier: Metropolitan ENT Associates

Date: _____

Patient's Name: _____

Medicare #: _____

Medicare ADVANCE BENEFICIARY NOTICE of NONCOVERGE (ABN)

NOTE: If Medicare doesn't pay for Audiogram (92557) below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have deemed necessary. We expect that Medicare will not pay for the Audiogram below.

<u>Procedure Code</u>	<u>Reason Medicare May Not Pay:</u>	<u>Estimated Cost:</u>
92557 -Comp Audiogram	Not Medically Necessary/ROUTINE SERVICE	\$80.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
 - Ask us questions that you may have after you have finish reading.
 - Choose an option below about whether to receive the Comprehensive Audiogram 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.

SIGN & DATE YOUR CHOICE

- Option 1.** I want the Audiogram listed above. You may be asked to pay 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, we will refund any payments I made to you, less co-pays or deductibles.
- Option 2.** I want the Audiogram listed above, but do not bill Medicare. You may be asked to pay now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- Option 3.** I don't want the Audiogram 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 received a copy.

Signature:	Date:
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