



Fry Laboratories, LLC

Additional Instructions for the ABN

Dear Medicare Patient:

Fry Labs is not contracted with any insurance companies. We are contracted with Medicare because we are required by law to do so.

The Advanced Beneficiary Notice of Noncoverage (ABN) is a notice given to beneficiaries to convey that Medicare is not likely to provide coverage in specific cases. This means that the beneficiary should expect to pay in full for the tests in this category. Fry Laboratories offers several tests that are not likely to be covered by Medicare due to the fact that they are considered to be experimental or research use tests. You should expect to pay for these tests in full.

The following is a list of our tests that Medicare may not pay:

- 87207
- 86753
- 86666
- 86611
- 86757
- 86638
- 87798
- 86777

****If you and your doctor decide to order any of the tests listed above, you must do the following or we may refuse testing. We need to receive the properly completed ABN as well as a copy of your Medicare ID card and any secondary insurance ID cards either before or at the time we receive the specimen.**

Instructions:

1). **Choose one of the two versions of the ABN.** They are both the same form with only one exception. There is one version that is intentionally left blank. The other version has all the CPT codes that apply to the ABN already listed. Please choose whichever version is easier for you to fill out.

2). Fill out the top Notifier information. This includes your ordering physician's name, phone number and address.

3). Fill in your name EXACTLY as it appears on your Medicare ID card. Include a middle initial if it is on your card. The Identification number is an optional field.

4). Depending on which version of the ABN you choose, please fill out the CPT Codes as follows:

- **Blank forms:** Please fill in all CPT codes that you are ordering from the codes listed above, select an option, sign and date the form.
- **Filled in forms:** Please cross out with one straight line the tests that you are not ordering and initial by your cross-out marks. Leave the CPT codes that you are ordering alone. Then, select an option, sign, and date the form.

5). **Be sure to include a credit card in the payment information section of your requisition form (test order form).** This card will be charged the remaining balance once Medicare has been billed and any claims have been rejected.

6). Include your signed ABN, a front and back copy of your Medicare ID card and any secondary insurance cards with your specimen when you mail your kit back to our laboratory.

NOTE: If a representative is signing the ABN for you, we need documentation attesting to the fact that this person can be your legal representative. Please fax this documentation to 480-222-1142.

You must read, understand, and sign the ABN before mailing us your specimen.

You can refuse to receive any of the tests above. If you decide to do so, please inform your doctor.

Please direct any questions you have to your physician or you can call 1-800-MEDICARE. Keep a copy of the signed and dated form for your records.

The prices for each of the above tests can be found on the requisition form (test order form). Fry Labs will bill you for the full amount of any of the tests above if they are rejected by Medicare.

We appreciate your cooperation. For questions we recommend you call the 800 number above. If you need to reach us, please call 480-292-8457. You may fax the forms to 480-222-1142.

Sincerely,

Fry Laboratories, L.L.C.