

PROVIDER ABN INSTRUCTIONS FOR SALIVA TESTING

Review the ABN with the patient when they are in your office:

- Advise the patient that Medicare does not cover saliva testing
- Payment is patient responsibility and is due to ZRT Laboratory, LLC (discount may apply if paying at time of service)

Complete the ABN form:

- Fill in the provider information under the "Provider/Notifier" area at the top (Name, address & phone number)
- Complete patient name and date of birth
- Select the tests by marking an "X" next to the laboratory test(s) ordered
- Enter the total estimated cost by adding the price of each test selected
- Review the ABN options with the patient - the patient will select only one option

NOTE: Include a photocopy of the front and back of the patients Medicare card and a legibly signed lab order with diagnosis if selecting Option 1

- Patient is to sign and date at the bottom of the form

Distribute Copies:

- The original ABN should be maintained in the patient records/chart
- A copy is given to the patient for their records
- Please fax a copy to ZRT at 503-645-1552

IMPORTANT: The ABN must be verbally reviewed and signed by the patient prior to saliva sample collection. If the ABN is not completed prior to sample collection or the ABN is not complete and correct, it is considered "invalid", and testing will not be performed on the sample received.

ZRT LABORATORY, LLC 8605 SW Creekside Place Beaverton, OR 97008 (503) 466-2445	Provider/Notifier: _____	
Patient Name: _____	Date of Birth: _____	
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)		
NOTE: If Medicare doesn't pay for the laboratory test(s) 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 laboratory test(s) below.		
Laboratory Test(s):	Reason Medicare May Not Pay:	Estimated Cost:
<input type="checkbox"/> Estrone (E1) \$35.00 <input type="checkbox"/> Estrin (E3) \$35.00 <input type="checkbox"/> Estradiol (E2) \$35.00 <input type="checkbox"/> Progesterone (Pg) \$35.00 <input type="checkbox"/> Testosterone (T) \$35.00 <input type="checkbox"/> DHEA-S (DS) \$35.00 <input type="checkbox"/> Cortisol, Morning \$35.00 <input type="checkbox"/> Cortisol, Noon \$35.00 <input type="checkbox"/> Cortisol Evening \$35.00 <input type="checkbox"/> Cortisol Night \$35.00	Medicare does not pay for saliva testing.	\$ _____ - _____
WHAT YOU NEED TO DO NOW:		
<ul style="list-style-type: none">• 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 laboratory test(s) 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.		
OPTIONS: Check only one box. We cannot choose a box for you.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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: For questions, please contact ZRT Laboratory's Insurance Billing Department at (503) 466-2445 ext 9403.		
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.		
Signature: _____	Date: _____	
<small>According to the Paperwork Reduction Act of 1995, no person 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 0938-0048. 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 necessary, 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: OMB, 7500 Security Boulevard, 11th Floor, Paperwork Reduction Project, Bethesda, Maryland 20814-1550.</small>		
<small>Form CMS-R-121 (03/08) Form Approval OMB No. 0938-0048</small>		

ZRT LABORATORY, LLC
 8605 SW Creekside Place
 Beaverton, OR 97008
 (503) 466-2445

Provider/Notifier: _____

Patient Name: _____

Date of Birth: _____

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___ Estriol (E3) \$35.00		
___ Estradiol (E2) \$35.00		
___ Progesterone (Pg) \$35.00		
___ Testosterone (T) \$35.00		
___ DHEA-S (DS) \$35.00		
___ Cortisol, Morning \$35.00		
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___ Cortisol Evening \$35.00		
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