

A. Notifier: \_\_\_\_\_  
B. Patient Name: \_\_\_\_\_  
C. Identification Number: \_\_\_\_\_

## Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: Insurance does not pay for D. Body composition Analysis below or if your BMI is under 30 you may have to pay. Insurance Companies do not pay for everything, even some care that you or your health care provider have good reason to think you need.

D.	E. Reason Insurance May Not Pay:	F. Estimated Cost

### 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.

This notice gives our opinion, not an official Insurance decision. If you have other questions you may call the number on the back of your card.

I. Signature:	J. Date:

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.