



**Billing/Consent/Downtime  
ADVANCE BENEFICIARY  
NOTICE (ABN) OF  
NONCOVERAGE -  
GENERAL 1 OF 2**

Patient Name  
DOB  
MRN  
Physician  
CSN



**NOTE:** If Medicare doesn't pay for the \_\_\_\_\_ 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 \_\_\_\_\_ below.

	Reason Medicare May Not Pay:	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.
- Choose an option below about whether to receive the \_\_\_\_\_ 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"/> <b>OPTION 1.</b> I want the _____ 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"/> <b>OPTION 2.</b> I want the _____ 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"/> <b>OPTION 3.</b> I don't want the _____ listed above. I understand with this choice I am <b>not</b> 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 may ask to receive a copy.

<b>Signature:</b>	<b>Date:</b>
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**You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).**

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.

Form CMS-R-131 (Exp.01/31/2026)

Form Approved OMB No. 0938-0566

**INTERPRETING SERVICES:**

I certify that I have interpreted, to the best of my ability, into and from the patient's stated primary language, everything said during the informed consent discussion.

**TIME** \_\_\_\_\_  AM  PM **DATE** \_\_\_\_\_ Interpreter signature \_\_\_\_\_

Interpreter name (print) \_\_\_\_\_



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



**White - Chart      Yellow - Patient**

**OVER →**

DO NOT MARK BELOW THIS LINE

BARCODE ZONE

DO NOT MARK BELOW THIS LINE



\* X 1 3 5 5 3 \*

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**Notice of Availability of Language Assistance Services and Auxiliary Aids and Services**

Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call [844.359.1607](tel:844.359.1607) (TTY 711) or speak to your provider to access these services.

The Notice of Availability of Language Assistance Services and Auxiliary Aids and Services in multiple languages is available here:

<https://corewellhealth.org/language-assistance-and-auxiliary-aids-and-services>

or scan this QR code (at right) for easy access to the site.



**Arabic (العربية)** - تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم [844.359.1607](tel:844.359.1607) (TTY: 711) أو تحدث إلى مقدم الخدمة.

**Bosnian/Croatian (Bosanski/Hrvatski)** - PAŽNJA: Ako govorite bosanski/hrvatski), dostupne su vam besplatne jezičke usluge. Odgovarajuća pomagala i usluge za pružanje informacija u pristupačnim formatima takođe se pružaju besplatno. Pozovite [844.359.1607](tel:844.359.1607) (TTY 711) ili kontaktirajte svog pružatelja usluga.

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**Kinyarwanda (Ikinyarwanda)** - ICYITONDERWA: Niba uvuga Ikinyarwanda, hari serivisi z'ubufasha bw'ururimi zitangirwa ubuntu. Serivisi n'ubufasha bwunganira bugamije kuguha amakuru ku buryo bworoshye kandi bunoze na zo zirahari ku buntu nta kiguzi. Hamagara [844.359.1607](tel:844.359.1607) (TTY 711) cyangwa uvugane n'uguha serivisi.

**Spanish (Español)** - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al [844.359.1607](tel:844.359.1607) (TTY 711) o hable con su proveedor.

**Vietnamese (Tiếng Việt)** - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số [844.359.1607](tel:844.359.1607) (TTY 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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