

Abdominal Aortic Aneurysm Screening Test Instructions

IF YOU NEED TO CANCEL, IT IS VERY IMPORTANT TO DO SO 48 HOURS IN ADVANCE.

Directions:

- Wear a comfortable, loose-fitting, two-piece outfit
- Fast for **4-6** hours prior to your screening
- If you are having breakfast prior to your screening make sure it is a light breakfast (less than half of what you normally eat of non-gassy food)
- If you are thirsty during your fasting period, you may have a moderate amount of water or clear juice such as apple juice.
- If you take medication, take it as prescribed
- If you are diabetic and are not comfortable fasting for four hours, please limit yourself to a "diabetic meal" (piece of toast, one cup of any kind of juice and a half of a cup of coffee or tea). If you are in doubt, please follow your diabetic care plan.

Explanation of Procedure:

A technologist will place a transducer with gel on your abdomen and scan from the rib cage to the level of the umbilicus (belly button) to survey the abdominal aorta. The screening will take 30-45 minutes.

Coverage limited to a once/lifetime screening. The ABN must be signed by all Medicare patients. Cost \$99.02 if Medicare denies claim.

A. San Diego Cardiovascular Associates Medical Group, Inc

□ 320 Santa Fe Dr. #204 Encinitas CA. 92024 □ 9850 Genesee Ave #780 La Jolla, CA. 92037

B. Patient Name: _____ **C. Identification – MRN#:** _____

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for **D. Abdominal Aortic U.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 **D. AAA U.S.**

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
<p align="center">Abdominal Aortic Aneurysm Ultrasound. (AAA U.S)</p>	<p align="center">Coverage is limited to a Once / lifetime screening.</p>	<p align="center">\$99.02</p>

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 **D. AAA U.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.

G. OPTIONS: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> OPTION 1. I want the D. _____ 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 D. _____ 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 D. _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. 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 receive a copy.

I. Signature:	J. Date:
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