

Qhov Chaw: _____
(Site name, address & billing telephone no.)

Tus Neeg Mob Lub Npe (Patient Name):

Tus Naj Npawb Txheeb Tus Kheej (ID No.):

**Keu Ceeb Tom Ua Ntej Rau Tus Neeg Tau Txais Txiaj
Ntsig Txog Cov Kev Tsis Duav Roos (ABN)**

LUS CIM TSEG: Yog tias Medicare tsis them rau **D.** _____ hauv qab no, tej zaum koj yuav tau them. Medicare tsis them rau txhua yam, txawm tias qee qhov kev saib xyuas uas koj los sis koj tus kws kho mob muaj laj thawj zoo xav tias koj xav tau los xij. Peb xav tias Medicare yuav tsis them rau **D.** _____ hauv qab no.

D.	Lub Laj Thawj Uas Tej Zaum Medicare Yuav Tsis Them:	Tus Nqi Kwv Yees:

YAM KOJ YUAV TSUM TAU PAUB:

- Nyeem tsab ntawv ceeb toom no, yog li ntawd koj thiaj tuaj yeem txiaj txim siab paub txog koj qhov kev saib xyuas.
- Nug peb txog cov lus nug uas koj yuav muaj tom qab koj nyeem tas.
- Xaiv ib qho kev xaiv hauv qab no txog seb puas yuav tau txais **D.** _____ uas teev nyob saum toj no.

Lus Cim Tseg: Yog tias koj xaiv Qhov Kev Xaiv 1 los sis 2, peb tuaj yeem pab koj siv lwm yam kev pov hwm uas koj yuav muaj, tab sis Medicare tsis tuaj yeem hais kom peb ua qhov no tau.

COV KEV XAIV: Tsuas yog kos rau ib lub npov xwb. Peb tsis tuaj yeem xaiv ib lub npov rau koj tau.
<input type="checkbox"/> KEV XAIV 1. Kuv xav tau D. _____ uas teev nyob saum toj no. Tej zaum koj yuav thov kom them tam sim no, tab sis kuv kuj xav kom Medicare them rau qhov kev txiaj txim raug cai ntawm kev them nyiaj, uas tau xa tuaj rau kuv ntawm Medicare Daim Ntawv Ceeb Ntsiab Lus Xaus (MSN). Kuv nkag siab yog hais tias Medicare tsis them, kuv yuav tau lav them nyiaj, tab sis kuv tuaj yeem thov rov hais dua rau Medicare los ntawm kev ua raws li cov lus qhia ntawm MSN. Yog tias Medicare them, koj yuav tau txais cov nyiaj them rov qab uas kuv tau them rau koj, kev sib koom them tsawg dua, los sis yus them yus es qhov kev tuav pov hwm mam them rov qab. (I want D., bill Medicare)
<input type="checkbox"/> KEV XAIV 2. Kuv xav tau D. _____ tau teev nyob saum toj no, tab sis tsis tsub nqi rau Medicare. Tej zaum koj yuav raug hais kom them tam sim no raws li kuv qhov kev lav them nyiaj. Kuv tsis tuaj yeem thov kom rov hais dua tau yog tias Medicare tsis tau tsub nqi. (I want D., do not bill Medicare)
<input type="checkbox"/> KEV XAIV 3. Kuv tsis xav tau D. _____ uas teev nyob saum toj no. Kuv nkag siab nrog qhov kev xaiv no kuv tsis muaj kev lav ris rau kev them nyiaj, thiab Kuv tsis tuaj yeem thov rov hais dua tau yog tias Medicare yuav them. (I don't want D.)

Cov Ntaub Ntawv Qhia Ntxiv:

Daim ntawv ceeb toom no muab lub tswv yim rau peb, tsis yog qhov kev txiaj txim siab uas raug cai ntawm Medicare. Yog tias koj muaj lwm yam lus nug ntawm daim ntawv ceeb toom no los sis Medicare kev tsub nqi, hu rau **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Kev kos npe hauv qab no txhais tau tias koj tau txais thiab nkag siab txog tsab ntawv ceeb toom no. Koj kuj tseem tau txais ib daim ntawv theej thiab.

Kos Npe: (Signature)	Hnub Tim: (Date)
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