

Advance Beneficiary Notice of Noncoverage (ABN)

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| A) Notifier: | |
| B) Patient Name: | |
| C) Identification Number: | |

NOTE: If Medicare doesn't pay for lab tests in Section D 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 lab tests in Section D below.

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| D) Checked Lab Tests Only | Viracor TRAC® Kidney dd-cfDNA (PLA 0118U) | TruGraf® Blood Gene Expression Test (CPT 81479) |
| E) Reason Medicare May Not Pay | <i>For a given patient encounter, IF TRAC is ordered with TruGraf or any other molecular test for assessing allograft status, Medicare will fully cover TruGraf but not pay for TRAC.</i> | <i>For a given patient encounter, IF TruGraf is ordered with TRAC or any other molecular test for assessing allograft status, Medicare will fully cover TRAC but not pay for TruGraf</i> |
| F) Estimated Cost | \$3,240.00 | \$3,100 |

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. lab tests 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.

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| G) Options: <i>Check only one box. We cannot choose a box for you.</i> |
| <input type="checkbox"/> OPTION 1. I want the lab tests listed above in Section D. 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 lab tests listed above in Section D, 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 lab tests listed above in Section D. 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 will also receive a copy.

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|---------------------|----------------|
| I) Signature | J) Date |
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