

DNA Diagnostic Laboratory  
CMSC10-106  
Johns Hopkins Hospital  
600 N. Wolfe St.  
Baltimore, MD 21287

Director: Garry Cutting, MD

**ADVANCE BENEFICIARY NOTICE**

Medicare will only pay for tests that it determines to be "medically necessary" (section 1862(1) of Medicare Law). If Medicare determines that a particular test is not medically necessary under the Medicare program standards, Medicare will deny payment for that test even though your physician has ordered the test.

This is to inform you that the test(s) listed here is likely to be denied for payment because Medicare usually does not pay for the indicated test(s) for your reported diagnosis, or because Medicare may consider the test experimental.

**Test Description:** Molecular Genetic Testing/DNA Analysis  
**CPT Code:** Varies

**Option I** – By signing here, you are confirming that you agree to assume financial responsibility for payment of the above test(s) if denied by Medicare

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Option II** – By signing here you have refused to be responsible for payment and acknowledge that the test will not be performed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Option III** - Patient refused to sign (If patient refuses to sign either Option I or Option II, Medicare permits billing the patient for the procedure.)

Witness Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Medicare # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Physician: \_\_\_\_\_