**SCREENING TEST ACKNOWLEDGEMENT FOR MEDICARE PART B BENEFICIARIES**

I have been informed and understand that Medicare does not pay for screening tests except as noted below. I also understand that tests being performed at this Health Fair or Multiphasic are screening tests for which Medicare will not pay except as noted below. I agree to be personally responsible for paying to have these tests performed.

**NOTICE TO ALL MEDICARE PART B BENEFICIARIES WHO HAVE PSA, OCCULT BLOOD, CHOLESTEROL, TRIGLYCERIDES, HDL, OR GLUCOSE TESTS PERFORMED.** Effective January 1, 2000, Medicare Part B allows a screening occult blood test once every twelve months and a screening Prostate Specific Antigen (PSA) test once every twelve months for males over fifty years old. **Effective January 1, 2005 Medicare Part B allows a screening cholesterol, triglycerides and HDL test once every 5 years. Also, effective January 1, 2005, Medicare Part B allows 2 screening glucose tests per year for individuals diagnosed with pre-diabetes. Medicare Part b allows 1 screening glucose test per year for individuals previously tested who were not diagnosed with pre-diabetes, or who have never been tested.** If you are eligible under the Medicare program, you may visit your physician and have him or her order any of these screening tests. The laboratory that performs the testing based on your physician’s order will file a claim with Medicare and bill you *only* if the test is not covered by Medicare and you have signed an Advance Beneficiary Notice (ABN) agreeing to pay for the test if Medicare does not pay for it. This Health Fair cannot bill Medicare for you. To be eligible to have the Medicare program pay for the occult blood, PSA, cholesterol, triglycerides, HDL, or glucose screening tests, you must have your physician order it.

**MEDICARE BENIFICIARY’S REFUSAL TO AUTHORISE LABORATORY TO FILE MEDICARE CLAIM FOR THE SCREENING PSA, OCCULT BLOOD, CHOLESEROL, TRIGLYCERIDES, HDL, OR GLUCOSE TESTS.** I have been informed that Medicare will cover occult blood, PSA, cholesterol, triglycerides, HDL, or glucose tests for screening purposes as described above. I understand that for these tests the Health Fair will not bill Medicare. With full knowledge of the conditions of coverage for the screening PSA, occult blood, cholesterol, triglycerides, HDL or glucose tests, I hereby of my own free will, **refuse to authorize** Associated Clinical Laboratories Incorporated to submit a claim to Medicare on my behalf for occult blood, PSA, cholesterol, triglycerides, HDL, or glucose tests. I also understand that I may not file a claim for these tests to Medicare or to any supplemental insurance that I may have.

I understand that the laboratory agrees to perform occult blood, PSA, cholesterol, triglycerides, HDL, or glucose tests and to accept my payment for the testing because the testing is being performed as part of this Health Fair and because I refuse to authorize the laboratory to submit a claim form to Medicare for the testing. I understand that my payment for the occult blood, PSA, cholesterol, triglycerides, HDL, or glucose tests is no more than the amount Medicare would have paid for these tests. I voluntarily take full financial responsibility for occult blood, PSA, cholesterol, triglycerides, HDL, or glucose tests, even if Medicare would have paid for any or all of these tests. **DATE:**

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**Participant Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**