



1212 Pleasant St. LL3
Des Moines, IA 50309

800-760-9333
515-241-8878
Fax: 515-241-8857

Patient Name:

Date:

Identification Number:

MEDICAID ADVANCE MEMBER NOTICE OF NON COVERAGE

NOTE: If Medicaid doesn't pay for the laboratory test(s) that are described below, you may have to pay. Medicaid does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicaid may not pay for the laboratory test(s) indicated below.

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.

I want the service(s) listed above. I understand that I will be billed for the service(s) and that I am responsible for payment of the service(s). I also want Medicaid billed for an official decision on payment.

Additional Information:

The patient has been informed that the services provided do not fall under the Family Planning benefit, Medipass referral not authorized or no referral given from Lock-In provider and that the patient is responsible.

Contact Medicaid with questions at 515-256-4606.

Signing below means that you have received and understand this notice. You also receive a copy.

Patient Signature or Legal Guardian:	Date:
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