NEW MEXICO
Clinical Research &
Osteoporosis Center, Inc.

E. Michael Lewiecki, MD, FACP, FACE - Osteoporosis Director
Lance A. Rudolph, MD - Research Director
Julia R. Chavez, CNP - Adult Healthcare
Michelle B. Garcia, PA-C - Adult Healthcare
Becky Wittenburg, CNP, MSN – Adult Healthcare

Patient Name:_____ **Identification Number:**_____

ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

NOTE: If Medicare doesn't pay for the service 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 service below.

Services to be Received	Reason Medicare May Not Pay	Estimated Cost:
☒ Bone Density Exam (DXA) ☐ Vertebral Fracture Assessment (VFA) ☐ Electrocardiogram (EKG) ☐ Injection _____ ☐ Infusion _____ ******Cost of injection & infusion includes the administration of the drug******	☐ Not payable within this time period. ☐ Service never paid due to medically unnecessary. ☐ Your diagnosis does not support the need for this service. ☐ This many services are usually not paid. ☒ Frequency Limitations for Coverage ☐ Other Reason _____ _____	☒ **Between $165 + tax** ☐ _____ ☐ _____ ☐ _____ ☐ _____

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 service (s) or item (s) 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.

OPTIONS: **Check only one box. We cannot choose a box for you.**

☐ **OPTION 1.** I want the _____DXA_____ listed above. 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.

☐ **OPTION 2.** I want the _____DXA_____ listed above, 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**.

☐ **OPTION 3.** I don't want the _____DXA_____ listed above. I understand with this choice I am **not** responsible for payment**,** and **I cannot appeal to see if Medicare would pay.**

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 also receive a copy.

Signature:	**Date:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

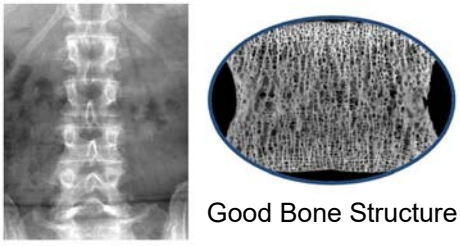
Accredited by the International Society for Clinical Densitometry for bone densitometry and vertebral fracture assessment

300 Oak St. NE, Albuquerque, NM 87106
Phone 505.855.5525 Fax 505.884.4006
www.nmbonecare.com

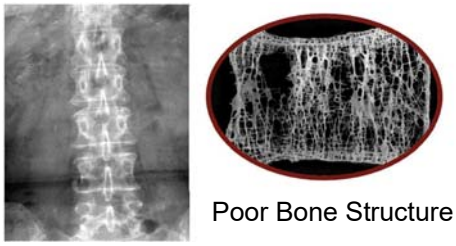
Now Available: Advanced Testing of Bone Strength with TBS

TBS means **T**rabecular **B**one **S**core. This is a newly developed test of your bone structure that is complementary to standard bone density testing. When TBS is combined with bone density testing, we learn more about your bone health than with bone density testing alone. TBS is important because about one-half of people who break bones do not have bone density that is classified as osteoporosis. TBS can help recognize these people and allow for more personalized care to prevent broken bones.

Below is an example of how TBS can help. These are two different patients with similar bone density. The one on the right has very poor bone structure compared with the one on the left and has a much higher risk of breaking bones. TBS can detect this degradation of bone structure. It can help us decide whether treatment is needed and what kind of treatment is best.



Good Bone Structure



Poor Bone Structure

TBS does not require any additional scanning. It uses advanced software cleared by the FDA to measure your bone structure with the same scan that measures your bone density. It is not covered by insurance at this time. The cost to you for TBS is $50 (far less than the cost of having a broken bone). Let us know if you would like to have TBS included with your bone density test.

New Mexico Clinical Research & Osteoporosis Center, Inc.

Bone Densitometry: Patient History Form

Name:	DOB:	Date:
Address:	Home Phone:	Cell Phone:

Who ordered this bone density test? _____

Shall we fax copies of your report to any other physician? _____

What is the reason for doing this bone density test? _____

Have you had a bone density test before? Yes___ No ___ If yes, when and where? _____

Ethnic Group:

☐Caucasian ☐Hispanic ☐Asian/Pacific Islander ☐African American ☐Native American ☐Other _____

Gender: _____

May we contact you for possible participate in research studies? ☐Yes ☐No

Would you like to include your Trabecular Bone Score (TBS) in your report? ($50 charge) ☐Yes ☐No

Osteoporosis Risk Factor Assessment

Have you:	**YES**	**NO**
Lost more than 1.5 inches in height?	☐	☐
Broken bones since age 40?	☐	☐
Ever taken steroids, such as prednisone, for more than 3 months?	☐	☐
Been on chemotherapy?	☐	☐
Had stomach surgery such as gastrectomy or stapling (surgery for obesity)?	☐	☐
Had anorexia?	☐	☐
Had bulimia?	☐	☐
Had an organ transplant?	☐	☐

Do you:	**YES**	**NO**
Smoke cigarettes?	☐	☐
Now take prednisone?	☐	☐
Have diabetes?	☐	☐
Have kidney disease?	☐	☐
Nephrologist: _____		
Have rheumatoid arthritis?	☐	☐
Rheumatologist: _____		
Take anticonvulsant medication, like Dilantin, Phenobarb, or Tegretol?	☐	☐
Have any thyroid problems?	☐	☐
Hyper (overactive) ____ *Hypo (underactive)* ____		
Endocrinologist: _____		
Have any parathyroid problems?	☐	☐
Hyper (overactive) ____ *Hypo (underactive)* ____		
Endocrinologist: _____		
Have a high calcium level in your blood?	☐	☐
Have inflammatory bowel disease like Crohn's Disease, or ulcerative colitis?	☐	☐
Have malabsorption problems or celiac disease?	☐	☐
Have a paralyzed arm or leg?	☐	☐
Have on average 3 or more alcohol drinks per day?	☐	☐
Does your mother or father have osteoporosis?	☐	☐
Mother _____ *Father* ____		
Has your mother or father had a broken hip?	☐	☐
Mother _____ *Father* _____		
At what age? _____		

Gender Specific Risk Factors

For women only:	**YES**	**NO**
Are you currently having irregular periods?	☐	☐
Has there been an episode when your period stopped for a significant amount of time?	☐	☐
Have you ever had phlebitis or blood clots?	☐	☐
Have you had breast cancer?	☐	☐
If yes, date diagnosed _____		
Right ___ *Left* ___		
Chemo ____ *Radiation*____ *Surgery* ___		
Have you ever taken Femara (letrozole), Arimidex (anastrazole), Aromasin (exemestane), or Tamoxifen?		
If yes, for how long? _____		
Are you still taking it?	☐	☐

Have you had cancer of the…?

☐*Ovary (right__ or left __)* ☐*Uterus* ☐*Cervix*

☐*None* *Date diagnosed?* _____

Chemo ____ *Radiation* ____ *Surgery*____

At what age was your LAST period? _____

At what age did menopause begin? _____

How did menopause begin?

☐*Natural* ☐*Chemotherapy* ☐*Surgery*

If by surgery, both ovaries or just one? ☐*Both* ☐*One*

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Bone Densitometry: Patient History Form

Name:	DOB:	Date:

For men only:	Unknown	YES	NO
Do you have erectile dysfunction		☐	☐
Do you have low testosterone?	☐	☐	☐
Have you had prostate cancer?		☐	☐
If yes, date diagnosed? _____			
Hormone Therapy ____ *Radiation* ____ *Surgery* _____			
Are you currently receiving hormone therapy for prostate cancer?		☐	☐

General Health Information:

What was your **height** at age 25? _____

What was your **weight** at age 25? _____

Have you ever broken or fractured a bone? ☐ Yes ☐No

Which bone?	Age	What happened?
☐right ☐left		
☐right ☐left		
☐right ☐left		
☐right ☐left		

Do you exercise regularly? ☐Yes ☐ No

Form of exercise	Frequency per week	Length of time per workout

Do you currently take, or have you ever taken the following medications?

		Are you on this now?	Dose	Date Started	Date Stopped	Reason Stopped
❒	Calcium					
❒	Calcium with Vitamin D					
❒	Multivitamin					
❒	Vitamin D					
❒	Estrogen ❒patch ❒pill ❒cream					
❒	Testosterone					
❒	Prednisone					
❒	Fosamax (alendronate)					
❒	Actonel, Atelvia (risedronate)					
❒	Evista (raloxifene)					
❒	Miacalcin, Fortical (calcitonin)					
❒	Forteo (teriparatide)					
❒	Boniva (ibandronate)					
❒	Reclast (zoledronic acid)					
❒	Prolia (denosumab)					
❒	Tymlos (abaloparatide)					
❒	Didronel (etidronate)					
❒	Evenity (romosozumab)					
❒	Strontium					

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Bone Densitometry: Patient History Form

Name:	DOB:	Date:

Please list all other medications you are currently taking. (Write none if none)

Are there any other details to any of your answers on this questionnaire you feel we should know?

_____

_____

_____

For Official Use

HT cc:

WT L R JC MG SE DXA

Notes