



Shoshone County EMS Corporation

204 Oregon Street Suite Q

Kellogg, ID. 83837

(800) 585.5242

Patient Name: _____

Run # _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for Ambulance Transport and Mileage 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 Ambulance Transport and Mileage below.

Ambulance Transport & Mileage	Reason Medicare May Not Pay	Estimated Cost:
<input type="checkbox"/> BLS/ALS Transport rate <input type="checkbox"/> Mileage	<input type="checkbox"/> Procedure/care could be provided at facility or home more economically <input type="checkbox"/> Transport for convenience of a patient, family or physician <input type="checkbox"/> Excess mileage beyond nearest facility <input type="checkbox"/> Medical necessity not demonstrated <input type="checkbox"/> Wheelchair van / bus / or taxi could have been used <input type="checkbox"/> Other (please explain in detail below)	\$ 425.00-800.00 \$ 12.50 per mile

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 **Ambulance transport and Mileage** 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 **Ambulance transport and mileage** 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 **Ambulance transport and mileage** 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 **Ambulance transport and mileage** 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: ____/____/____

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