

Print Name:

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 services this provider renders.
- 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.

(G) OPTIONS: Check only one box. We cannot choose a box for you.

H. 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).

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare/Insurance doesn't pay for serives rendered, you may have to pay.

Insurance carriers including Medicare do not pay for everything, even some care that you or your health care provider have good reason to think you need. Your insurance carriers or Medicare may not pay for the services rendered. Most of this information is for Medicare patients, but patients with commercial insurance should also be aware of their own insurance contract allowables and understand that if insurance denies the claim, you may be responsible for payment.

OPTION 1. I want the **services that are medically indicated as suggested by the surgeon**. 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 **services suggested by my surgeon**, 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 **services suggested by the surgeon**. I understand with this choice I am **not** responsible for payment, and I **cannot appeal to see if Medicare would pay.**

I. Signature:	J. Date:
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