



Patient Name: _____

Date: ____/____/____

ADVANCE BENEFICIARY NOTICE NON-COVERAGE: (ABN)

The following procedures are not covered by insurance:

Procedure:	Not Covered:	Cost:
Body Composition Analysis (BCA)	Insurance does not cover	\$25 a visit

The Body Composition Analysis is an important procedure in our practice. It gives us much more information than a simple weight to help monitor and track the progress of our patients. It is not covered by insurance, but we consider it a necessary component in the evaluation and management of our patients on a weight loss program.

I agree to pay for the Body Composition Analysis each visit,
and understand that it is a non-covered service:

☐

SIGNATURE: _____