



Patient Name: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

## **ADVANCE BENEFICIARY NOTICE NON-COVERAGE: (ABN)**

The following procedures are not covered by insurance:

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

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:** \_\_\_\_\_