

FRESH MEADOWS WELLNESS CENTER
Dr. Jerold Blatt
Chiropractor & Physical Therapist
184-17 Union Turnpike
Fresh Meadows, New York 11366
(718) 454-0737

Acknowledgement Notice of Medicare Covered and Non-Covered Services

It is important that you understand the Medicare guidelines, which limit and may not pay for all chiropractic services rendered in this office.

I understand that I am responsible for any and all charges once I sign this notice and I take full responsibility for my decision to continue care or not.

Some of these non-reimbursable services include:

- 1. Initial or Re-exams**
- 2. X-rays**
- 3. Physical Therapy & Modalities**
- 4. Nutritional Supplements**
- 5. Any tests performed in our office**
- 6. Limited office visit frequency**
- 7. Maintenance care**
- 8. Yearly deductible**

I understand the above and have been notified in advance of these Medicare limitations in coverage.

Patient Name _____

Patient Signature _____ **Date** _____

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. Non covered services 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 services below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Chiropractic Examination X-Rays Electrical Modalities & Heat	These are non-payable services by Medicare when delivered and/ or ordered by doctor of chiropractic.	\$200.00 \$75/ area \$14.36 \$9.36

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 **D. services** 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.

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

- ☒ **OPTION 1.** I want the **D. services** 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 **D. services** 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 **D. services** listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

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).

Signing below means that you have received and understand this notice. You may ask to receive a copy.

I. Signature:	J. Date:
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You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).

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.