B. Patient Name:	C. Identification Number:	
Advance Beneficia	ary Notice of Noncoverage (A	BN)
NOTE: If Medicare doesn't pay for D	Dry needling below, you may have to pa	ıy.
, , , , , , , , , , , , , , , , , , , ,	ren some care that you or your health car act Medicare may not pay for the D. Dry no	•
D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Dry needling procedure on the trigger points, connective tissues	Dry needling is not covered by Medicare and does not have an assigned CPT code for billing	
 Ask us any questions that you m Choose an option below about v Note: If you choose Option 1 or that you might have, but I 	tke an informed decision about your care. hay have after you finish reading. whether to receive the D. Dry needling I 2, we may help you to use any other insufficiency cannot require us to do this. The contract of the	isted above.
also want Medicare billed for an official Summary Notice (MSN). I understand to payment, but I can appeal to Medicare does pay, you will refund any payments OPTION 2. I want the D. Dry needling ask to be paid now as I am responsible OPTION 3. I don't want the D. Dry needling	glisted above. You may ask to be paid decision on payment, which is sent to methat if Medicare doesn't pay, I am response by following the directions on the MSN. I made to you, less co-pays or deductible listed above, but do not bill Medicate for payment. I cannot appeal if Medicate listed above. I understand with cannot appeal to see if Medicare would	e on a Medicare sible for If Medicare es. are. You may re is not billed. this choice I
This notice gives our opinion, not an on the his notice or Medicare billing, call 1-800-	official Medicare decision. If you have of the control of the cont	7-486-2048).
	rograms and activities. To request this publiched by the control of the control o	

A. Notifier: PTcares physiotherapy and wellness

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.