A. Notifier: Bonnie M. Abel Bolash, Licensed Acupuncturist		
. Patient Name:	C. Identification Number:	
	Plan Name:	
Advance F	Beneficiary Notice of Noncoverage (ABN)	
	cupuncture and Evaluations below, you may have	to nav
	even some care that you or your health care provide	
reason to think you need. We expect M	edicare may not pay for the Acupuncture and Eva	luations below.
D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Evaluations provided by Acupuncturist	· · · · · · · · · · · · · · · · · · ·	\$80 or contracted price
Acupuncture	·	\$80-\$100 or contracted price
 Ask us any questions that you ma Choose an option below about wl Note: If you choose Option 1 of the content of the c	te an informed decision about your care. ay have after you finish reading. the ther to receive the Acupuncture and Evaluation or 2, we may help you to use any other insurance hare cannot require us to do this.	
G. OPTIONS: Check only one b	oox. We cannot choose a box for you.	
also want Medicare billed for an official Summary Notice (MSN). I understand can appeal to Medicare by following any payments I made to you, less co- OPTION 2. I want the Acupunct may ask to be paid now as I am response OPTION 3. I don't want the Acupunction	e and Evaluations listed above. You may ask to be all decision on payment, which is sent to me on a lithat if Medicare doesn't pay, I am responsible for the directions on the MSN. If Medicare does pay, pays or deductibles. The and Evaluations listed above, but do not bill Medicare for payment. I cannot appeal if Medicare noture and Evaluations listed above. I understandent, and I cannot appeal to see if Medicare would be a see if Medicare would be appeal to see if Medicare would be a see if Medicare w	Medicare r payment, but I you will refund ledicare. You is not billed. I with this

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 also receive a cop	ру
---	----

The state of the s		
I. Signature:	J. Date:	

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

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.