

Advance Beneficiary Notice of Non-coverage

NOTE: If Medicare or Your Insurance doesn't pay for

D. Service below, you may have to pay.

Medicare & some insurances do not pay for everything, even some care that you or your health care provider have good reason to think you need.

We expect Medicare & some insurances may not pay for the **D. Services** below.

D. Service	E. Reason Medicare May Not Pay:	F. Estimated Cost
1. Exam	Medicare does not pay for this service.	\$35-\$125
2. X-Ray	Medicare does not pay for this service.	\$50-\$160
3. Adjustment	Medicare does not pay for Maintenance Care.	\$50.00
4. Extremities	Medicare does not pay for this service.	\$10.00
5. Electrical Stim	Medicare does not pay for this service.	\$20.00
6. Acupuncture	Medicare does not pay for this service.	\$40-\$50
7. Laser Therapy	Medicare does not pay for this service.	\$20-25
8. Traction	Medicare does not pay for this service.	\$18.00

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. Service 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. Service** listed above. You may ask to be paid now, but I also want Medicare or Other Insurance billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). Or EOB I understand that if Medicare or other insurance doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. Or on my EOB. If Medicare does pay or my Insurance, I will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the **D. Service** listed above, but do not bill Medicare or other insurance. You may ask to be pay now as you would be responsible for payment. I cannot appeal if Medicare or Insurance if not billed.
- OPTION 3.** I don't want the **D. Service** listed above. I understand with this choice I am **not** responsible for payment, as no service would be provided.

H. Additional Information: This notice gives our opinion, not an official Medicare or Insurance decision.

If you have other questions on this notice or Medicare billing, you can contact Medicare at **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.

CMS will work with its contractors to ensure consistency when determining the validity of the ABN in general. In addition, contractors will provide ongoing education to notifiers as needed to ensure proper notice delivery. Notifiers should contact the appropriate CMS regional office if they believe that a contractor inappropriately invalidated an ABN.

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.