



MEDICARE PATIENT ACKNOWLEDGEMENT STATEMENT

I, the undersigned, acknowledge that Medicare does NOT cover the following services, and I understand that I will be responsible for paying these costs out-of-pocket:

- **Active Release Therapy** - \$30
- **Therapeutic Exercise** - \$30
- **Exam - New Patient** - \$90
- **Exam - Existing Patient** - \$55
- **Dry Needling** - \$15

I understand that if I am a new patient, or if I have not been to the office within the last 3 years, a **New Patient Exam** is required before any treatment can be performed, and the associated fee of **\$90** will be collected at the time of service.

If I am an existing patient and have not visited the office in the last 6 months, a **Re-exam** is required, and the associated fee of **\$55** will be collected at the time of service.

I further acknowledge that my Medicare coverage applies only to spinal adjustment treatment codes and does not cover the services listed above. Additionally, Medicare does not cover "Maintenance Care," as explained in the Advanced Beneficiary Notice (ABN) that I will be provided.

By signing below, I acknowledge that I have read and understood this information, and I agree to the out-of-pocket costs as described above.

Patient Name: _____

Patient Signature: _____

Date: _____

If you have any questions regarding your responsibility for these costs, please feel free to ask.

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for **D. Chiropractic treatment** below, you may have to pay.

Medicare does not pay for everything, even some care that you or your healthcare provider have good reason to think you need. We expect Medicare may not pay for the **D. maintenance treatment(s)** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
98940 Chiropractic manipulation, 1-2 areas	Medicare does not cover " Maintenance " chiropractic care.	\$60.00
98941 Chiropractic manipulation, 3-4 areas		\$65.00
98942 Chiropractic manipulation, 5 areas		\$70.00

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. Maintenance care** 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. maintenance treatments** 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. maintenance treatments** 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. maintenance treatments** 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: You will also receive a Patient Acknowledgement Statement regarding additional services Medicare does not allow and will not pay for.

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:

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.