ADVANCED BENEFICARY NOTICE (ABN)

NOTE: You need to make a choice about receiving these health care items or services. We expect that Medicare will not pay for the items or services that are described below. Medicare does not pay for all your healthcare costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare does not pay for a particular item or service does not mean that you should not receive it. There may be good reason your doctor recommended it. MEDICARE WILL NOT PAY FOR:

Items or Services: Office Visits (i.e. initial visit examinations/follow –up evaluations) 99201,99202,99203,99204,99205,99211,99212,99213,99214,99215

Because:

-Medicare considers these non-covered services.

The purpose of this form is to help you make an informed decision about whether or not you want to receive these services, knowing that you may have to pay for them yourself. Before you make a decision you should read the entire form carefully.

The estimated cost for these service \$170.00

PLEASE CHOOSE ONE OPTION

__Option 1: YES I want to receive these services.

I understand that Medicare will not decide whether to pay unless I receive these items or services. Please submit my claim to Medicare. I understand that you may bill me for items or services and that I may have to pay the bill while Medicare is making the decision. If Medicare does pay, you will refund me any payments I made to you that are due to me. If Medicare denies payment, I agree to be fully and personally responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision.

Option 2: NO I have decided not to receive these items or services. I will not receive these items or services. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare will not pay.

DATE	Signature of patient or person	acting on patient's behalf