

A. Notifier:

B. Patient Name:

C. Identification Number:

### Advance Beneficiary Notice of Noncoverage (ABN)

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

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. \_\_\_\_\_ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
X-ray & exams	not covered	

**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. \_\_\_\_\_ 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. \_\_\_\_\_ 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. \_\_\_\_\_ 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. \_\_\_\_\_ 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:**

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 copy.

I. Signature:	J. Date:
---------------	----------

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.



## OFFICE POLICY REGARDING MEDICARE

Westenhaver Chiropractic Center is a participating provider in Medicare's provider network. This means that we have agreed to accept Medicare assignment for all of our Medicare patients. Under the assignment agreement, we have agreed to accept what Medicare allows as our full charge for services covered by Medicare.

Medicare, at this time, only allows payment for spinal manipulations by a Doctor of Chiropractic. The doctor may need to take x-rays to fully diagnose your condition. X-rays are not covered by Medicare and will be your responsibility to pay. In addition, Medicare does not pay for any examinations or treatment beyond what they feel is reasonable and necessary. You will be responsible for these charges in full, if they are necessary.

The Medicare allowed charge for treatment in this office ranges between \$25.00 and \$39.00. If Medicare feels your treatment is medically necessary they will pay 80% of this charge and you will be responsible for the remaining 20%, which is between \$5.00 and \$7.20 per treatment. If your Medicare deductible has not been met, Medicare will apply these to your charges toward your deductible and you will pay this office that portion applied to your deductible. Examination and x-ray charges are non-covered services and do not count toward your Medicare deductible.

Periodic Re-Exams are necessary for the Doctor to determine need and frequency of treatment to be administered. Medicare does not cover the charges incurred for Re-Exams. Payment of these charges is the responsibility of the patient.

Some patients have supplemental insurance that may cover the charges that Medicare does not pay for. We will be happy to bill your supplemental insurance for you if you provide us with the necessary information.

**I have read and understand the policy regarding Medicare assignment. I realize that I am responsible for all charges incurred to me.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# LIFETIME AUTHORIZATION

Date \_\_\_\_\_

PHYSICIAN / SUPPLIER	PATIENT'S NAME
STREET	HEALTH INS.#
CITY & ZIP	STREET
	CITY & ZIP

I request that payment of authorized MEDICARE benefits be made either to me or on my behalf to Dr. \_\_\_\_\_ for any services furnished me by that Physician. I authorize any holder of medical information about me to release to the HEALTH CARE FINANCING ADMINISTRATION and its agents any information needed to determine these benefits or the benefits payable for related services.

\_\_\_\_\_  
SIGNATURE

**TO BE VALID THE LIFETIME AUTHORIZATION MUST BE PROPERLY SIGNED**

REV. 6/82

KCMBS 800-18C

## LIFETIME AUTHORIZATION

1. The patient, if physically and mentally competent, must sign on his own behalf. If he cannot sign for himself, a representative payee as designated by the Social Security Administration, or a legally appointed guardian may sign. The source of the signatory's authority should be stated, e.g., Social Security appointed Representative Payee, court appointed guardian, etc.
2. This form is used in lieu of the patient's signature on the "Request for Payment" form HCFA 1500 and is, therefore, an extension of that form. Anyone who misrepresents or falsifies essential information in making Medicare claims, may, upon conviction, be subjected to fine and imprisonment under Federal Law.