## ADVANCE BENEFICIARY 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 item(s) or service(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Right now, in your case, **Medicare probably will not pay for —** 

Items or Services:	
Because:	
<ul> <li>want to receive these items or s</li> <li>Before you make a decision abo</li> <li>Ask us to explain, if you don</li> <li>Ask us how much these item</li> </ul>	elp you make an informed choice about whether or not you services, knowing that you might have to pay for them yourself. Out your options, you should <b>read this entire notice carefully.</b> 't understand why Medicare probably won't pay. It is sor services will cost you ( <b>Estimated Cost:</b> \$), them yourself or through other insurance.
PLEASE CHOOSE <b>ONE</b> O	PTION. CHECK <b>ONE</b> BOX. <b>SIGN &amp; DATE</b> YOUR CHOICE.
I understand that Medicare wi or services. Please submit m items or services and that I m If Medicare does pay, you will If Medicare denies payment.	want to receive these items or services.  ill not decide whether to pay unless I receive these items  ny claim to Medicare. I understand that you may bill me for  nay have to pay the bill while Medicare is making its decision.  I refund to me any payments I made to you that are due to me.  I agree to be personally and fully responsible for payment.  either out of pocket or through any other insurance that I have.  edicare'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 won't pay.	
Date S	ignature of patient or person acting on patient's behalf

**NOTE: Your health information will be kept confidential.** Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.