

THE MEDICAL GROUP

of



SAINT JOSEPH'S

Advance Beneficiary Notice of Non Coverage (ABN)

Patient Name	Date of Birth	Medicare#	Provider
--------------	---------------	-----------	----------

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

\*Procedure: \_\_\_\_\_

\*Reason for Denial: \_\_\_\_\_

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

**OPTIONS**

**OPTION 1**

I want the \* \_\_\_\_\_ listed above. You may be asked to be paid now, but I also want Medicare billed for their response. The response will be sent to me on a Medicare Summary Notice (MSN). I also, agree that if Medicare doesn't pay, I am liable for payment. I can appeal to Medicare by looking at my options on the back of MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

**OPTION 2**

I want the \* \_\_\_\_\_ listed above, but do not bill Medicare. You will be asked to pay now, as I am responsible for payment. I cannot appeal if Medicare is not billed.

**OPTION 3**

I don't want the \* \_\_\_\_\_ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay...

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. The original copy of this notice will be kept in your medical chart under the financial portion of the chart. Thank you

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_