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INSURANCE DISCLAIMER

We try our best to find out what your insurance coverage will be for services in our office. However, there are hundreds of policies and thousands of clauses that can change what your final bill will be. As a courtesy, we provide estimates based on the information that we have received but it is ultimately your responsibility to know what your insurance will cover and how often they will cover services. If you have a balance on your account after insurance has paid, **IT IS YOUR RESPONSIBILITY TO PAY YOUR REMAINING BALANCE.**

Patient Name: _____

Date: _____

Signature: _____



Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare does not pay for Listed Services 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 Listed Services

Listed Services	Reason Medicare May Not Pay:	Estimated Cost
*Chiropractic supportive care, also known as elective care	*Medicare covers manual manipulation of the spine if medically necessary to correct a subluxation	\$35 - \$50
*Exams, Modalities or Services such as: electric stimulation, ultrasound, traction	*Medicare does not cover other services or tests ordered by a chiropractor	\$15- \$75
*X-Rays, therapeutic exercises, or supplies	*Medicare does not cover acupuncture	\$60 - \$130
*Acupuncture	*Medicare does not cover routine, frequency or of a cosmetic nature	\$50 - \$250

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 Services 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: Check only one box. We cannot choose a box for you.

- ☐ **OPTION 1.** I want the Listed Services 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 does not 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 Listed Services 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 do not want the Listed Services above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

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 may ask to receive a copy.

Signature:	Today's Date:
Print Name:	DOB:

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