



SHEA EAR CLINIC

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Advance Beneficiary Notice of Noncoverage (ABN)

A. Patient Name: _____ B: Identification Number: _____

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:

WHAT YOU NEED TO DO NOW:

1. Read this notice so you can make an informed decision about your care.
2. Ask us any questions that you may have after you finish reading this notice.
3. Choose an option below as to 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 may have, however, Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.	
<input type="checkbox"/>	<p>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 if Medicare does not pay, I am responsible for payment, but I can appeal to Medicare by following the directions of the MSN. If Medicare does pay, you will refund any payments I made to you, less any co-payments or deductibles.</p>
<input type="checkbox"/>	<p>OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now. I am responsible for payment. I know I cannot appeal if Medicare is not billed.</p>
<input type="checkbox"/>	<p>OPTION 3. I don't want the D. _____ listed above. I understand with this choice I am not responsible for payment, and I know I cannot appeal to see if Medicare would pay.</p>

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:
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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. If you have comments concerning this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.