

A. Notifier: *Chiropractic Center for Families*

B. Patient Name:

Advance Beneficiary Notice of Non-Coverage (ABN)

NOTE: If Medicare doesn't pay for **D. Services** listed below, you are responsible for payment.

Medicare **DOES NOT pay for everything**, even some care that you and/or your health care provider have good reason to believe you may need. We expect Medicare to not pay for the **D. Services** below.

D. Services	E. Reason Medicare May Not Pay:	F. Estimated Cost
1. New Patient Exam 2. Maintenance Care Adjustments 3. Ultrasound 4. Electrical Stimulation 5. Massage Therapy 6. Cold Laser 7. Nutritional Services 8. SUMMUS Laser Therapy	Non-Covered services by Medicare Part B	\$75 \$40-\$55 \$25 per unit \$25 per unit \$20 per unit \$25 per unit Starting \$185 \$60 per unit

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 this notice.
- Choose an option below about whether to receive the **D. Services** listed above.
Note: If you choose Option 1 or 2, we may help you use any other insurance policies that you may have, but Medicare cannot require us to do so.

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

- OPTION 1. I want the D. Services listed above. I will be asked to pay 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 because Medicare doesn't pay for these services, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, a refund will be made for any payments I have made to you.
- OPTION 2. I want the D. Services listed above, but do not bill Medicare.** I will be asked to pay now as the responsible party. **I cannot appeal if Medicare is not billed.**
- OPTION 3. I do not want the D. Services listed above.** I understand with this choice, I am not responsible for any 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 may also receive a copy upon request.

I. Signature:	J. Date:
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