

A. Notifier: Triangle Chiropractic & Rehabilitation 2011 Falls Valley Drive St. 102 Raleigh, NC

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

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 |
|--|---------------------------------|-------------------|
| 97110 Therapeutic Exercises | Non-covered care | 25.00 |
| 97140 Manual Therapies | Non-covered care | 25.00 |
| 98943 Extra-spinal Manipulation | Non-covered care | 35.00 |
| 99212 EP Problem Focused Exam | Non-covered care | 90.00 |
| 99202 NP Expanded Problem Focused Exam | Non-covered care | 105.00 |
| 98940 Manipulation 1-2 Regions | Medicare Maintenance Uncovered | 40.00 |
| 98941 Manipulation 3-4 Regions | Medicare Maintenance Uncovered | 60.00 |
| 98942 Manipulation 5 Regions | Medicare Maintenance Uncovered | 65.00 |

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 D. _____ 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.

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

- 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 that if Medicare doesn't 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 D. _____ listed 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 don't want the D. _____ listed above. I understand with this choice I am **not** responsible for 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 also receive a copy.

| | |
|----------------------|-----------------|
| I. Signature: | J. Date: |
|----------------------|-----------------|

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