

Patient Name:

DOB:

Advance Beneficiary Notice of Noncoverage (ABN) for Medicare or Commercial Insurance

NOTE: If Medicare or commercial insurance doesn't pay for services below, you may have to pay. Medicare or commercial insurance doesn't pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare or commercial insurance may not pay for the services below due to medical necessity.

Services	Estimated Costs
<input type="checkbox"/> 64612-64616 Botox Procedure	<input type="checkbox"/> \$ 600 - 1150
<input type="checkbox"/> J0585 Botox Medication	<input type="checkbox"/> \$ 1000 per 100 U vial
<input type="checkbox"/> 64400-64505 Nerve Block	<input type="checkbox"/> \$ 300 – 500
<input type="checkbox"/> 20552-20553 Trigger Point Injection	<input type="checkbox"/> \$ 200 – 300
<input type="checkbox"/> 64490-64495 Facet Block	<input type="checkbox"/> \$ 1000 – 2000
<input type="checkbox"/> 64633-64634 Radiofrequency Ablative Destruction	<input type="checkbox"/> \$ 1400 – 2100
<input type="checkbox"/> 62310-64484 Epidural Injection	<input type="checkbox"/> \$ 1000 – 1500
<input type="checkbox"/> 20600-20610 Joint/ Bursa Injection	<input type="checkbox"/> \$ 300
<input type="checkbox"/> 27096 Sacroiliac Joint Injection	<input type="checkbox"/> \$ 600
<input type="checkbox"/> 36415 Venipuncture	<input type="checkbox"/> \$ 25
<input type="checkbox"/> 80000-89999 Lab tests	<input type="checkbox"/> \$ 25 – 175 per test
<input type="checkbox"/> 93000 EKG Reading and Interpretation	<input type="checkbox"/> \$ 75
<input type="checkbox"/> 96365-96375 IV Treatment Procedure	<input type="checkbox"/> \$ 200 – 1000
<input type="checkbox"/> A4300-A4305 IV Disposable Supplies	<input type="checkbox"/> \$ 200 – 400

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 services 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 or commercial insurance cannot require us to do this.

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

- OPTION 1.** I want the services listed above. I may be asked to pay now, but I also want Medicare or commercial insurance billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN) or Explanation of Benefits (EOB). I understand that if Medicare or commercial insurance doesn't pay, I am responsible for payment, but **I can appeal to Medicare or commercial insurance** by following the directions on the MSN or EOB. If Medicare or commercial insurance does pay, I will be credited any payments I have made, less co-pay, co-insurance, and deductible.
- OPTION 2.** I want the services listed above, but do not bill Medicare or commercial insurance. I may be asked to be pay now as I am responsible for payment. **I cannot appeal if Medicare or commercial insurance is not billed.**
- OPTION 3.** I don't want the services listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare or commercial insurance would pay.**

Additional Information: In some cases we will obtain a prior authorization for these services from your commercial insurance, however prior authorization approval is not a guarantee of coverage and/ or payment. In addition, some services may require a deposit. **This notice gives our opinion, not an official Medicare or commercial insurance decision.** If you have other questions on this notice regarding Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). For other questions on this notice regarding commercial insurance, please refer to the customer service number on your insurance card. By signing below, it means that you have received and understand this notice. You also receive a copy.

Signature:	Date:
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