

Patient Name:

Identification Number:

## Advance Beneficiary Notice of Non-coverage (ABN)

**NOTE:** If Medicare doesn't pay for **maintenance care** 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 **maintenance care** below.

Chiropractic Maintenance Care	Reason Medicare May Not Pay:	Estimated Cost
Chiropractic manipulation (1-2 areas, 98940) Chiropractic manipulation (3-4 areas, 98941) Chiropractic manipulation (5 areas, 98942) Manual Therapy (97140) Therapeutic Activities (97530) Therapeutic Exercise (97110) New Patient & Re Evaluations Exams (99202-04, 99212-4)	Medicare does not pay for chiropractic wellness/ maintenance care, muscle work, movement therapy or examinations to assess the status, location & severity of your condition.	\$55-240/ type of visit regardless of specific modalities/ codes preformed

### 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 **maintenance care** 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 **maintenance care** 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.
- ☐ **OPTION 2.** I want the **maintenance care** 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 **maintenance care** listed 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 supplier doesn't accept payment from Medicare for the item(s) listed in the table above. If I checked Option 1 above, I am responsible for paying the supplier's charge for the item(s) directly to the supplier. If Medicare does pay, Medicare will pay me the Medicare-approved amount for the item(s), and this payment to me may be less than the supplier's charge.

**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.

<b>Signature:</b>	<b>Date:</b>
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**You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).**

