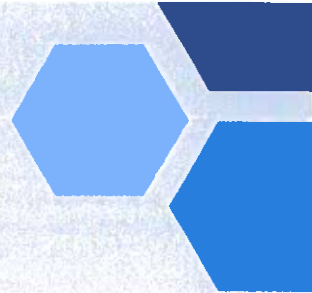




2410 Del Paso Rd. Sacramento, CA 95834
 Office: (916)928-0856 Fax:(916)928-1584



PATIENT NAME: _____

Date of Birth: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. office visit & services below, you may have to pay. Medicare does not pay for everything, even some care that your or your health care provider have good reason to think you need. We expect Medicare may not pay for all or part of the D. office visit & services below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Office Visit & Services	Non Covered benefits	\$165.00 Plus cost of Services Recieved

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 D. office visit & 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 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. office visit/services 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. office visit/services 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 want the D. office visit/services 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.

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).

I. Signature: _____ **J. Date:** _____