

A. Notifier: Foot & Ankle Specialists of Nevada

B. Patient Name: _____ **C. Medicare Number:** _____

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If your **Medicare** or **Medicare Advantage Plan** doesn't pay for item(s) listed 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 item(s) listed below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

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 item(s)** 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 Medicare Advantage Plans cannot require us to do this.

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

- OPTION 1.** I want the **item(s)** 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 my Medicare plan doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If my Medicare plan does pay, you will refund any payments I made to you, less copays, coinsurance or deductibles.
- OPTION 2.** I want the **item(s)** listed above, but do not bill my Medicare plan. You may ask to be paid now as I am responsible for payment. I cannot appeal if my Medicare plan is not billed.
- OPTION 3.** I don't want the **item(s)** listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if my Medicare plan 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) or your Medicare carrier.

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.
