

Purdy Chiropractic Clinic 32860 Ryan Road, Warren, MI 48092 586-264-7744

(A) Notifier(s): _____ (B) Patient Name: _____
 (C) Identification Number _____

Advanced Beneficiary Notice of Non-Coverage (ABN)

Note: If Medicare doesn't pay for (D) **Chiropractic Procedures** 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) **Chiropractic Procedures** below.

(D) Chiropractic Procedures	(E) Reason Medicare may not pay	(F) Estimated Cost
1. Chiropractic X-rays	Procedures 1,2,3,4 and 5: When performed by a	1. \$50- \$150
2. Chiropractic Examination	Chiropractor are classified as non-covered by	2. \$35- \$110
3. Traction	Medicare.	3. \$25
4. Hot/Cold Packs		4. \$15
5. Pillows	**Spinal Manipulations are the only covered	5. \$5
	procedure for Chiropractors	
6. Spinal Manipulations	**Spinal manipulations deemed beyond policy	6. Co-Pay:
	limits are not covered by Medicare. Your cost would be \$40-\$60 if over policy limits.	\$1.40- \$35

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) **Chiropractic Procedures** listed above.
- NOTE:** If you choose Option 1 or 2, we may help you to use another insurance that you might have, but Medicare cannot require us to do this.

(G) OPTIONS: Check only ONE box. We can NOT choose a box for you.

OPTION 1: I want the (D) Chiropractic Procedures 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 and 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 to Medicare if 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 understood this notice. You also received a copy.

(I) Signature: _____	(J) Date: _____
----------------------	-----------------

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 collected is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review the 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 suggestion for improving this form, please write to: CMS, 7500 Security Blvd, Attn: PRA Reports Clearance Officer, Baltimore, MD 21244

_____ Copy to Patient

_____ Initials

