

MILTON CHIROPRACTIC CENTER, PO BOX 125, MILTON, VT 802-893-1070

Patient Name:

Identification Number:

ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

NOTE: Medicaid does not pay for items and services below, you will have to pay.

MEDICAID VERMONT ONLY PAYS FOR ADJUSTMENTS CODES: CMT 98940, 98941, 98942.

<input type="checkbox"/> New Patient Exam	Non-Covered services	\$ 90.00
<input type="checkbox"/> Chiropractic Manipulation	Covered Services	\$ 65.00

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 *items and services* listed above.**

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

MEDICAID VERMONT ONLY PAYS FOR ADJUSTMENTS CODES: CMT 98940, 98941, 98942.

OPTION 1. I want the services checked above. I understand that if Medicaid does not cover the above services I am responsible for all charges, including any co-payments at the time of service.

OPTION 2. I don't want the services checked above. I understand with this choice **I am not responsible for payment, however I am still responsible for co-payments on my primary insurance at the time of service.**

Additional Information:

This notice gives our opinion, not an official Medicaid decision. If you have other questions on this notice or Medicaid billing, contact Medicaid Vermont @ <http://ovha.Vermont.gov>. Telephone 802-879-5900, M-F.

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

Signature:	Date:
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Patient Name:

Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for the service(s) 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 service(s) below.

Service	Reason Medicare May Not Pay:	Estimated Cost
<input type="checkbox"/> Manual Manipulation or Chiropractic Adjustment	Medicare pays for active care only not maintenance care of the spine.	98940 \$60.00
	Medicare does not pay for extremity adjustments.	98941 \$65.00
		98943 \$35.00
<input type="checkbox"/> Physical Medicine Codes 97110, 97112, 97140, 97124 <input type="checkbox"/> Evaluation and Management Services (E/M) 99212, 99213, 99214, 99202, 99203	These are NON-COVERED items and services under Medicare when ordered and/or delivered by a chiropractic physician.	97110-\$35.00
		97112-\$45.00
		97140-\$35.00
		97124-\$40.00
		\$90.-\$140.00

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 service(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 cannot require us to do this.

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

OPTION 1. I want the service(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 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 service(s) 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 service(s) 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 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 also receive a copy.

Signature:

Date:

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