

MSI INTEGRATIVE HEALTHCARE

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www.msiwc.com

MEDICARE NOTICE FOR NON-PAYABLE SERVICES

** For Medicare Patients Only **

Patient Name: _____

Date of Birth: _____

NOTICE TO PATIENT

Medicare does not pay for all services and items provided in this office even though we have a good reason to think you need them. Medicare only pays for covered services and items (e.g., spinal manipulation by a chiropractor). The below services and items are **non-payable** under Medicare when delivered and/or ordered by a Doctor of Chiropractic and you are responsible to pay for them.

All are listed at the time-of-service rate:

- | | |
|---|----------|
| • Chiropractic Examinations | \$212.40 |
| • Chiropractic X-rays | \$120.15 |
| • Muscle Stimulation | \$25 |
| • Physical Therapy/Therapeutic Procedures | \$35 |
| • Orthotics | \$ 225 |
| • Spinal Decompression | \$ 60 |
| • Cold Laser Therapy | \$ 25 |
| • Supplements | \$40 |
| • Lumbar Braces | \$362 |
| • TENS | \$ 75 |
| • Home Use Traction | \$85 |
| • Pillows | \$72 |
| • Biofreeze-Pro | \$ 22 |

PATIENT ACKNOWLEDGEMENT:

I acknowledge that I have been told in advance that the services and items listed above are non-payable by Medicare and I agree to pay for these services and items at the time the service or item is provided.

I have had ample opportunity to ask questions about my financial obligation and other treatment options. I acknowledge that I am signing this notice voluntarily and that it is not being signed after the products or services have been provided. I understand I have the right to refuse care and that by signing this form I am fully responsible for all non-covered services and products.

PATIENT SIGNATURE

DATE



A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ 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. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
<u>Maintenance</u> 98940 98941 98942	Medicare does not cover maintenance chiropractic adjustments	\$50 - \$80
<u>Office Visits/Exams</u> 99203 99214 99213	Medicare does not cover office visits or exams	\$100 +

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. _____ 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. _____ 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. _____ 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 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 understand this notice. You also receive a copy.

I. Signature:	J. Date:
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