



**Advance Beneficiary Notice (ABN)**

NOTE: You will need to make a choice about receiving these health care items or services. We expect that Medicare will not pay for the service(s) described below over the allotted amount. Medicare does not pay for all your health care costs. Medicare only covers services when Medicare rules are met. The fact that Medicare may not cover a service does not mean you do not need it. The following items may not be covered.

Service: Chiropractic Adjustment: 98940, 98941

Reason: Medicare only pays for what they determine as medically necessary

Service: Chiropractic Examination/ Re-Examination: 99201, 99202

Reason: Not a covered service

The purpose of this form is to help you make an educated choice about whether or not you want to receive these services, understanding that the total cost may be your responsibility. Before you make decision, please read the entire notice carefully.

If you do not understand, ask us to explain why Medicare may not pay.

Ask us how much these services will cost should Medicare not pay (estimated cost: \$25-150)

Please choose one option:

\_\_\_\_\_ **Option 1 Yes I want to receive these services.**

I understand that Medicare will not decide whether to pay unless I receive these services. Please submit my claim to Medicare. I understand you may bill me for services that I have to pay for while Medicare makes its decision. If Medicare does pay, you will refund any payments I made to you that are due to me. If Medicare denies payment, I agree to be personally and fully responsible for any payment due out of pocket. I understand I can appeal Medicare's decision.

\_\_\_\_\_ **Option 2 No I have decided not to receive these services.**

*Patient Name* \_\_\_\_\_ *Medicare #* \_\_\_\_\_

*Patient Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Note: Your health information will be kept confidential.** Any information that we collect about you on this form will be kept confidential in our office. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Any health information submitted to Medicare will be kept confidential.

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