

Mars Hill Chiropractic Center
342 Carl Eller Rd, Mars Hill, NC 28754
828-689-3777

Patient Name:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for services 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 services below.

Services	Reason Medicare May Not Pay:	Estimated Cost
Spinal Manipulation	Medicare may construe your spinal manipulation to be maintenance care which is not a medically necessary service.	\$38 for Maintenance Manipulation
X Ray	This is not a covered service under Medicare.	\$50
Examination	This is not a covered service under Medicare.	1st Exam : \$81 to \$98 Re-Exam : \$50 to \$63
Therapy	This is not a covered service under Medicare.	\$14
Vitamins, Supplements, Pillows, Ice Packs, Ointments, Braces, Supports	This is not a covered service under Medicare.	Prices as marked on product

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 services 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.
<input type="checkbox"/>	OPTION 1. I want the services 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.
<input type="checkbox"/>	OPTION 2. I want the services 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.
<input type="checkbox"/>	OPTION 3. I don't want the services 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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