MEETING HOUSE LANE
MEDICAL PRACTICE
AFFILIATED WITH SOUTHAMPTON HOSPITAL

Patient Name: _____ **INS Carrier:** _____

Date Seen: _____ **Provider:** Dr. Kathryn Saxby

ADVANCE BENEFICIARY NOTICE OF NON COVERAGE (ABN)

Note: You are receiving this notice because your insurance carrier may not pay for all services that you receive during your visit to our office. Please read this notice so you can make an informed decision about your care.

Services Rendered at Visit	Estimated Cost
Nutritional Weight Loss Counseling	$50 - $250

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 and option below about whether to receive said services above.

____Option 1: I want the abovementioned service listed above. I may be asked to be pay now, but I also want my insurance carrier billed for an official decision on payment, which is sent to me on an explanation of benefits (EOB). I understand that if insurance doesn't pay, I am responsible for payment.

____ Option 2: No, I have decided not to receive these services.

____ Option 3: Should I decide to request these services in the future, and they have previously been denied I understand I will be charged and am responsible for payment in full

By signing below you have received and understand this notice in its entirety. You also will receive a copy.

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.** Nutritional Weight Loss Counseling 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.** Nutritional Weight Loss Counseling below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Nutritional Weight Loss Program	Services Not Covered	$50.00 - $250.00

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 **D.** Nutritional Weight Loss Counseling 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.** Nutritional Weight Loss Counseling 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.** Nutritional Weight Loss Counseling 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.** Nutritional Weight Loss Counseling 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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