

Advanced Beneficiary Notice of Non coverage (ABN)  
**MEDICARE ONLY**

Date: \_\_\_\_\_ Patient: \_\_\_\_\_

Medicare doesn't pay for everything, even some care that you or your health care provider have good reason to think you need.

- You are receiving this notice because your insurance company may not pay for all of the services that you receive during your visit to our office.

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask any question that you may have after you finish reading.
- Choose an option below about whether to receive medical care.

\_\_\_\_\_ Yes I want to receive these services. You may asked to be paid now, but I also want Medicare billed for an official decision on my payment, which' is sent to me on a Medicare Summary Notice (MSN). I understand that is Medicare doesn't pay, you will refund any payments I made to you, less co-pays or deductibles.

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

\_\_\_\_\_ OTHER Should I decide to request these services in the future, I understand I will be charged .and am responsible for payment in full.

By signing this notice you agree to take financial responsibility for the cost of the supplies and services listed above should your insurance company deny coverage for the listed items.

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

Timothy Lamb, M.D.  
Board Certified

Varsha Revankar, M.D.  
Board Certified