

B. Patient Name:

C. Identification Number:

## Voluntary Advance Beneficiary Notice of Non-Coverage (ABN)

**NOTE:** If your insurance doesn't pay for service(s) below, you may have to pay.

If your insurance does not consider these charges covered services under your benefits or if you meet your maximum number of visits for the year the services below will be the patient's responsibility.

If you pay for non-covered services at the time of your appointment we will give you a 50% discount. The prices below do not reflect this discount.

D.	E. Reason Insurance May Not Pay:	F. Estimated Cost
E/M services (new patient or established patient examination)	Non-covered services per your insurance benefits.	\$160.00-60.00
Manual therapy	AND/OR	\$40.00
Non-spine manipulation	Benefit maximum met for the year.	\$40.00
Spinal Manipulation		

### 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 service(s) listed above.

### G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the service(s) listed above. You may ask to be paid now, but I also want my insurance billed for an official decision on payment. I understand that if my insurance doesn't pay, I am responsible for payment, but **I can appeal to my insurance.** If your insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the service(s) listed above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment. **I cannot appeal if my insurance is not billed.**
- OPTION 3.** I don't want the service(s) listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if my insurance would pay.**

**This notice gives our opinion, not an official insurance decision.**

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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