

ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

NOTE: IF MEDICARE AND/OR YOUR COMMERCIAL INSURANCE CARRIER DOES NOT PAY FOR THE ITEMS OR SERVICES LISTED BELOW, YOU MAY HAVE TO PAY! Medicare and/or your commercial insurance carrier does not pay for everything, even some care that you or your health care provider have good reason to think you need. **We expect that Medicare and/or Medicare and/or your commercial insurance carrier may not pay for the following items or services.**

	Items or Services: (Check ALL that apply)	Reason your insurance may not pay	Estimated Cost
<input type="checkbox"/>	Skin Tag Removal (15 or less)	Any of these items or services may be deemed not medically necessary by your insurance company.	\$121.00
<input type="checkbox"/>	Skin Tag Removal Each Additional 10		\$51.00
<input type="checkbox"/>	Shave Removal of Benign lesion		\$89.00 - \$198.00
<input type="checkbox"/>	Excisional Removal of Benign lesion		\$160.00 - \$480.00
<input type="checkbox"/>	Closure of Excision of Benign lesion		\$268.00 - \$550.00
<input type="checkbox"/>	Destruction of Benign lesion, Any method		\$150.00 - \$170.00
<input type="checkbox"/>	Milia Treatment		\$133.00 - \$165.00
<input type="checkbox"/>	Acne Services		\$104.00 - \$133.00
<input type="checkbox"/>	Treatment of Scars		\$104.00 - \$480.00
<input type="checkbox"/>	Other: _____		\$ _____

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 items or 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 and/or your commercial insurance carrier 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 and/or my commercial insurance carrier billed for an official decision on payment, which is sent to me on a Medicare summary notice (MSN) or explanation of benefits (EOB). I understand that if Medicare and/or my commercial insurance carrier does not pay I am responsible for payment, but I can appeal to Medicare and/or my commercial insurance carrier by following the directions on the MSN or EOB. If Medicare and/or my commercial insurance carrier 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 and/or my commercial insurance carrier. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare and/or my commercial insurance carrier 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 and/or my commercial insurance carrier PALMETTO* would pay.

Additional Information: This notice gives our opinion, not an official Medicare and/or commercial insurance carrier decision. If you have any other questions on this notice or Medicare billing call 1-800-633-4227 or contact your insurance carrier. Signing below means that you have received and understand this notice. You will also receive a copy.

Signature: _____

Date: 12/22/2016

According to the paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated average 7 minutes per response, including the time to review instruction, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850