



1535 Lake Cook Road, Suite 412
Northbrook, IL 60062
(o): 224-444-0370
(f): 224-444-0372

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay. Medicare does not pay 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. _____ below.

<input type="checkbox"/>	E. Reason Medicare may not pay	F. Estimated cost
Physical Therapy Services	Cap amount of \$1,920.00 has been reached for 2014. Medicare may find that the services over this amount may not be reasonable or medically necessary through medical review process.	

WHAT YOU NEED TO DO NOW:

Read this notice, so you can make as informed decision about your care. As us any question that you may have after you finish reading. Choose an option below about whether to receive the D. _____ listed above. **Note:** If you choose 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do so.

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

- ☐ **Option 1.** I want the D. _____ 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 Summery Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the direction on the MSN. If Medicare does not pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **Option 2.** I want the D. _____ listed above, but I do not bill Medicare. You may ask me to be paid now as I am responsible for payment. **I cannot appeal f Medicare is not billed.**
- ☐ **Option 3.** I don't want the D. _____ 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 may also receive a copy.

Signature:

Date:

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 to average 7 minutes per response, including the time to review instructions, 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.