

## Medicare Audio Contract

### Advanced Beneficiary Notice of Non-Coverage (ABN)

Based off of the symptoms that you're experiencing, there is a chance that audio testing (of some sort), or possibly ear cleaning, may be required at the time of your visit.

Please read and choose from ONE of the THREE options from the ABN form (which you will be able to select on the following page). An explanation of the three options are explained below.

**OPTION 1:** With Medicare, we do file with your insurance, but it does not guarantee coverage and payment. Because of this, we will require for an Audio Contract to be signed, saying that you understand that IF your insurance(s) do not pay for some of all of your services during your visit, you will be responsible and you do have the right to appeal.

**OPTION 2:** You do NOT want us to file with Medicare and you will be responsible for 100% of all audio testing and/or ear cleaning.

**OPTION 3:** Selecting this option is choosing to deny all services. Dr. Metts only orders the testing when he feels that it is necessary in order to best evaluate your condition and provide the best treatment. We apologize for any inconvenience this may cause to you, but we will be unable to see you since we will not be able to provide you optimum care.

Thank you,

Office Staff of Dr. Brent A. Metts

A. Notifier:

B. Patient Name:

C. Identification Number:

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**NOTE:** If Medicare doesn't pay for D. \_\_\_\_\_ 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. \_\_\_\_\_ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
1 - Complete Audio (92557) 2 - Tympanometry (92567) 3 - Epley (95992) 4 - Ear wax removal (69210)	NOT medically Necessary	1 & 2 = \$ 75. <sup>00</sup> 3 = \$ 75. <sup>00</sup> 4 = \$ 48. <sup>20</sup>

**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. \_\_\_\_\_ 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. \_\_\_\_\_ 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. \_\_\_\_\_ 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. \_\_\_\_\_ 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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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.