

A. Notifier: LifeLine Chiropractic Center * 5460 Franklin Rd, STE B * Boise, ID 83705

B. Patient Name: _____ C. ID #: _____

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: LIFELINE is a **CASH PRACTICE CLINIC**- I am aware LifeLine Chiropractic is not contracted with Medicare, and I am 100% responsible for all services (D*) rendered at this office.

CPT and ICD-10 codes are not available in our system for Medicare A, B or C.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
*Wellness Exams *Maintenance Treatments	Medicare does not pay chiropractors for Wellness Exams or Maintenance Treatments. We only provide Wellness Care/Maintenance Treatments for our Medicare aged patients.	\$70 First Visit \$55 Follow-up List price for Supplements & Supplies

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. All listed above**.

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*) All listed above, I will not bill Medicare. as I am responsible for payment in full. 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). By Signing below means that you have received and understand this notice. You may ask to receive a copy.

I. Signature: _____



J. Date: _____



You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.

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.