

A. Notifier: Backway's Physical Therapy•250 S McCormick St• Prescott, AZ• 928-777-8050

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN) - for PT

NOTE: If Medicare doesn't pay for D. Physical Therapy (PT) services 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. PT services listed below.**

D. PT services (check all boxes below that apply)	E. Reason Medicare May Not Pay:	F. Estimated Cost
<input type="checkbox"/> 1. PT over \$2010 CAP per year <input type="checkbox"/> 2. PT exceeds max CAP <input type="checkbox"/> 3. PT without a Medicare-allowed Rx <input type="checkbox"/> 4. PT for maintenance or comfort care which is not "medically necessary." <input type="checkbox"/> 5. PT for certain diagnoses, or using certain treatment techniques (ie: VM, CST) <input type="checkbox"/> 6. PT for accident / injury "claim" <input type="checkbox"/> Bill will go to liability/auto insurer <input type="checkbox"/> Lien is on file	<input type="checkbox"/> 1. Yearly CAP has been reached <input type="checkbox"/> 2. Services exceed \$2010, so will be denied. <input type="checkbox"/> 3. No Medicare allowed Rx on file <input type="checkbox"/> 4. Therapist believes this treatment to be medically unnecessary or comfort care. <input type="checkbox"/> 5. The diagnosis/treatment techniques used are not covered by Medicare. <input type="checkbox"/> 6. You have instructed us to bill another insurance company for these services.	Evaluations: \$66-\$81 per ½ hour* Reevaluations: \$55-\$66 per ½ hour* Treatments: \$100 to \$130 per hour. <i>*Additional charges may apply for writing reports.</i>

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. Physical Therapy** 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. Yes & bill Medicare.** I want the **D. PT services** 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. Yes, but don't bill Medicare.** I want the **D. PT services** 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. NO.** I don't want the **D. PT services** 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.

By signing below, I indicate that I am making this decision for today's treatment and future treatments that fall into the same category as in "D" above. In future, if I change my mind, I can execute a new ABN.

I. Signature:

J. Date:

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