



NALLY FAMILY PRACTICE

Patient: _____ D.O.B: _____

ADVANCE BENEFICIARY NOTICE (ABN)

This notice is to inform you that periodically your doctor may order testing or perform an examination that is not a covered item or service under your insurance plan. Your insurance only pays for covered items and services when certain rules are met. **The fact that your insurance may not pay for a particular item or service does not mean that you should not receive it. There are legitimate reasons your doctor may recommend particular items or services that are not covered.** It is ultimately your responsibility, as the insured, to know what your individual insurance plan will and will not cover. **By signing this form, you are agreeing to pay for services rendered that are not covered by your insurance company.** The most common items or services not covered but frequently recommended by your doctor are:

For Medicare Advantage plans and Commercial Payers

- Complete yearly physical (99397)
- Annual Wellness Visit (AWV) initial G0438 and subsequent G0439 is a covered Medicare Benefit; *an AWV is not a complete or partial physical*
- Pap smear collection (Q0091)/Breast/pelvic exam (G0101) is paid 100% during complete yearly physical
- Preventative or Screening ekg (93000) is not a covered benefit
- Hepatitis A injection (90632 – 90634)
- TDaP – (90715), Tetanus vaccine (90703), B12 injection (J3420)
- Dietary counseling for BMI 29 and lower

Any patient requesting to schedule a preventive service such as a physical that wishes to discuss any other health problems with the doctor needs to ask their insurance carrier if they bundle a problem-oriented visit with preventive service. It is our recommendation to schedule the problem-oriented visit first and the preventive service another day. If two different appointments are an inconvenience and lost work time for a patient, they are encouraged to contact their insurance company and his or her employer and state that the consequences of the insurer’s payment policy is an inconvenience. It takes many voices to make a change for the better.

*By signing this form, **I understand that my insurance may not cover the above items or services and that I may have to pay the bill while my insurance makes its decision.** If my insurance does pay, I will be refunded any payment that is due to me. **If my insurance denies payment, I agree to personal and full responsibility for payment.** That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand that I can appeal my insurance’s decision.*

Signature: _____

Date: ____/____/____