Plan of Care:

Patient Name: \*First Name, Last Name Date: m/dd/yyyy

**Advance Beneficiary Notice of Noncoverage (ABN)**

Medicare or insurance doesn’t pay for Hearing Health Care and you will have to private pay out of pocket. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. Medicare Will not pay for the Hearing health care as there is no coverage.

* ​Estimated Cost:
* Service Care Package: (see attached)
* Hearing Product Information: See Purchase Agreement and invoice

​**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 Hearing health care.

**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.

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

OPTION 1:

I want the plan listed above. You may ask to be paid now, but I also want a breakdown of services and products itemized to provide my own claim to bill Medicare 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 Hearing health plan 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 hearing health care above. I understand with this choice I am not responsible for payment as I will obtain no services or products, and I cannot appeal to see if Medicare would pay.

**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.