

Belmar Women's Care
3222 South Vance Street #200
Lakewood, Colorado 80227
Phone: 303-531-4660 Fax: 303-531-4659
Toll Free: 1-866-705-2070

ROUTINE SERVICE WAIVER

You are scheduled for an annual exam today in our office. Please be advised that this is the way your insurance will be billed. If your insurance does not cover routine benefits you will be expected to pay the balance in full today or within thirty days of notification from our office.

We can not bill your visit any other way when you schedule an annual exam due to chart audits with insurance companies.

By signing, you acknowledge that you accept full responsibility for the charges if your insurance does not cover these services.

Patient Signature _____

Print Name _____

Date _____

(A) Notifier(s):

(B) Patient Name:

(C) Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

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:
Additional costs you may incur: ___ G0101 Breast and pelvic exam ___ 81002 Urinalysis Dip ___ 85018 Hemoglobin	Because: Medicare will cover the breast and pelvic portion only if an annual exam is every 24 months (2 years). Medicare may not cover screening lab work performed at an annual exam. Medicare will cover a PAP every 36 months (3 years).	\$50.00 8.00 10.00

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: