

Patient Name: _____ **Identification Number:** _____

Courtesy Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare and/or Medicaid doesn't pay for the ambulance services below, you may have to pay. Medicare and/or Medicaid 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 and/or Medicaid may not pay for the ambulance services listed below.

Services	Reason Medicare and/or Medicaid May Not Pay:	Estimated Cost
Ambulance Transportation and mileage	___ Medicare and/or Medicaid does not pay for transportation from a residence or a SNF for services that could more economically be performed at the residence or SNF	BLS Ambulance Service \$ _____
	___ Medicare and/or Medicaid does not pay for ambulance service that is not medically necessary	ALS Ambulance Service \$ _____
	___ Medicare and/or Medicaid does not pay for a higher level of service (Advanced Life Support) when a lower level of service (Basic Life Support) would suffice	\$ _____ per mile _____ Qty miles
	___ Medicare and/or Medicaid does not pay for transports to a doctor's office or other non-covered destinations	
	___ Medicare and/or Medicaid does not pay for transports for the convenience of a patient, family or physician	
Non-Ambulance Services	___ Medicare and/or Medicaid does not pay for mileage beyond the closest appropriate facility	Total: \$ _____

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 ambulance services 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 and/or Medicaid cannot require us to do this.

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

- OPTION 1.** I want the ambulance services listed above. You may ask to be paid now, but I also want Medicare and/or Medicaid billed for an official decision on payment, which is sent to me on a Medicare and/or Medicaid Summary Notice (MSN). I understand that if Medicare and/or Medicaid doesn't pay, I am responsible for payment, but **I can appeal to Medicare and/or Medicaid** by following the directions on the MSN. If Medicare and/or Medicaid does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the ambulance services listed above, but do not bill Medicare and/or Medicaid. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare and/or Medicaid is not billed.**
- OPTION 3.** I don't want the ambulance services listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare and/or Medicaid would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare and/or Medicaid decision. If you have other questions on this notice or

Medicare and/or Medicaid billing, call **1-800-MEDICARE AND/OR MEDICAID** (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 of this notice.

Signature: _____	Date: _____
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Advance Beneficiary Notice of Noncoverage (ABN) Additional Information

The beneficiary, or his or her representative, must choose only one of the three options listed. Medicare and/or Medicaid does not permit you to make this selection. (However, home health agencies caring for dual eligible may direct beneficiaries on option selection in accordance with State directives. For more information see [http://www.cms.gov/Outreach – and-Education/Medicare and/or Medicaid-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8597.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-and-or-Medicaid-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8597.pdf))

If the beneficiary chooses Option 1:

The beneficiary wants to get the item or services at issue and accepts financial responsibility. He or she agrees to make payment now, if required. **You must submit a claim to Medicare and/or Medicaid that will result in a payment decision that the beneficiary can appeal.**

NOTE: if the beneficiary needs a Medicare and/or Medicaid claim denial for a secondary insurance plan to cover the service, the beneficiary should select Option 1.

If the beneficiary chooses Option 2:

The beneficiary wants to get the item or services at issue and accepts financial responsibility. He or she agrees to make payment now, if required. When the beneficiary chooses this option, you do not file a claim, and there are no appeal rights.

You will not violate mandatory claims submission rules under Section 1848 of the Social Security Act (the Act) when you do not submit a claim to Medicare and/or Medicaid at the beneficiary's written request.

If the beneficiary chooses Option 3:

The beneficiary does not want the care in question and cannot be charged for any items or services listed. You do not file a claim, and there are no appeal rights.

Additional Information:

You may use this space to provide additional clarification or information that may be useful to the beneficiary. For example:

- A statement advising the beneficiary to notify his or her health care provider about certain services ordered but not received.
- An additional dated witness signature; or
- Other necessary annotations.

Medicare and/or Medicaid assumes you made annotations on the same date as that appearing with the beneficiary's signature unless you include a separate date with the annotation.

Signature and Date Box:

Once the beneficiary reviews and understands the information contained in the ABN, the beneficiary, or his or her representative, should complete the Signature and Date box.

Signature

The beneficiary, or the beneficiary's representative, must sign the ABN to indicate he or she got the ABN and understands its contents. If a representative signs, he or she should indicate "representative" after his or her signature and print the name if it isn't legible.

Date

The beneficiary, or the beneficiary's representative, must write the date he or she signed the ABN. If the beneficiary experiences physical difficulty writing and requests assistance in completing this box, the notifier may insert date.

Beneficiary Refuses to Complete or Sign the ABN

If the beneficiary refuses to choose an option or refuses to sign the ABN, you should annotate the original copy of the ABN indicating the refusal to sign or choose an option. You may list any witnesses to the refusal on the ABN, although Medicare and/or Medicaid does not require this. If a beneficiary refuses to sign a properly issued ABN, you should consider not furnishing the item or service unless the consequences (health and safety of the beneficiary or civil liability in case of harm) prevent this option.