

Advance Beneficiary Notice of Noncoverage (ABN)

A. Notifier:

Eyecare Professionals and Mountain Eyewear
A. W. Park St., Livingston MT 59047, 406-222-0250

B. Patient Name:

C. Date of Birth:

NOTE: If Medicare doesn't pay for **D. Item or Service** 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. Item or Service** below.

D. Procedure	E. Reason Medicare May Not Pay	F. Estimated Cost
1. Optomap Screening Photo (CPT Billing Code S8896)	Medicare does not pay for this item/service for Screening or Routine Vision. Medicare may not deem medically necessary.	1. \$42.00
2. Refraction (CPT Billing Code 92015)		2. \$26.00

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. Item or Service** listed above.

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

- Option 1.** I want the **D. Services** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision or 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. 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.** I don't want the **D. 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 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 may also receive a copy.

I. Signature:	J. Date:
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According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: RPR Reports Clearance Office, Baltimore, Maryland 21244-1850.