

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: Medicare does not pay for D. _____ below.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
CUSTOM ORTHOTICS POWERSTEPS INSERTS CAM WALKING BOOT LACE-UP ANKLE BRACE POST-OPERATIVE SHOE NAIL TRIMMING	MEDICARE DOES NOT COVER DURABLE MEDICAL EQUIPMENT (DME)	\$395 \$35 \$100 \$40 \$20 \$40

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, only if Medicare is not primary.

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

- OPTION 1.** I want the D. _____ listed above. You will be asked to be paid now.
- OPTION 2.** I do not want the D. _____ listed above.

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).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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CMS does not discriminate in its programs and activities.

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: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.