

Podiatry Services of CNY, PC
Revision - 4/8/2014
Advance Beneficiary Notice of Noncoverage (ABN)

Notifier	Patient Name	ID

NOTE: If Medicare does not pay for the item or service below, you may have to pay. Medicare does not pay for everything, even some care that you or your healthcare provider have good reason to think you need. We expect Medicare not to pay for the following:

Item or Service	Reason Medicare May Not Pay	Estimated Cost
<input type="checkbox"/> Routine Foot Care <input type="checkbox"/> Other _____	<input type="checkbox"/> Non-Covered Service by Medicare Policy <input type="checkbox"/>	<input type="checkbox"/> \$50.00 <input type="checkbox"/> \$_____

WHAT YOU NEED TO DO NOW:

- Read this notice so you can make an informed decision about your care.
- Ask us any questions you may have after you finish reading this.
- Choose an option below about whether you wish to receive the item or service listed above.

NOTE: If you choose Option 1 or 2, we may help you use other insurance you may have, but Medicare cannot require us to do this for you.

<p>OPTIONS: Check only one box. We can not choose a box for you.</p>
<p><input type="checkbox"/> OPTION 1. I want the item or service 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.</p> <p><input type="checkbox"/> OPTION 2. I want the item or service 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.</p> <p><input type="checkbox"/> OPTION 3. I don't want the item or service listed above. I understand with this choice am not responsible for payment, and I cannot appeal to see if Medicare would pay.</p>

This notice gives our opinion, not an official Medicare decision. If you have any other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227 TTY:1-877-486-2048). Signing below means you have received and understand this notice. You also receive a copy.

Signature:	Date:
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**Podiatry Services of CNY, PC
Billing and Collections
514 South Bay Road
North Syracuse, NY 13212
(315) 458-4497**

Office Policies Regarding Routine Foot Care - Revision 4-8-2014

Thank you for choosing us for your footcare needs. We hope to remain a valuable part of your medical team for as long as you need us.

This letter covers our office policies regarding routine foot care services and evaluation and management services for those conditions.

1. You have already been given an ABN (Advance Beneficiary Notice of Noncoverage) to indicate that we expect Medicare not to pay for your services today. Medicare does not cover every type of service, even if you and your Podiatrist agree that you should have it.
2. If you are a new patient to the practice, or we have not seen you in the office for more than 3 years, your Podiatrist will always perform an exam before performing any routine foot care services. This exam is necessary to maintain an accurate medical record and to ensure that you are given services appropriate to your current state of health. In many cases, Medicare will pay for this exam, but it is a separate charge from the routine foot care services.
3. Our office charges \$50.00 for routine foot care, and we will be happy to provide the services every 6-12 weeks, as decided by you and your Podiatrist. For follow up visits when you are only being seen for routine foot care services, the only charge we will ask you to pay is the \$50.00 fee.
4. If you are being seen for a routine foot care appointment and have another foot problem that you want us to evaluate and manage for you, your Podiatrist will be happy to do that, but understand that there will be an office visit charge billed to your insurance for evaluation and management of the new problem.

Patient Name:	ID:
Signature:	Date: