

Notifier: Dr. Marc Jay Pinsky – Podiatrist

Dr. Marc Jay Pinsky, PC

Patient Name:

Identification Number:

### ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

**NOTE:** If Medicare doesn't pay for items checked or listed in the box 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 items listed or checked in the box below.

<b>Listed or Checked Items Only:</b>	<input type="checkbox"/> Cutting of corns, calluses, or toenails <input type="checkbox"/> Cosmetic or hygienic care or treatments <input type="checkbox"/> Orthotics, arch supports, braces – not permanently attached to a custom shoe <input type="checkbox"/> Protective toe/foot devices or protective non-Rx “balance pads” <input type="checkbox"/> Items of convenience otherwise available at retail establishments but not normally included as part of a medical treatment <input type="checkbox"/> Other:  (Present pricing supplied prior to dispensing above)	(“Routine”/Palliative Foot Care) (Cosmetic surgery) (Devices inserted in your shoes)  (Protective shoe or pads)  (Medications and/or home dressings)	
<b>Reason Medicare May Not Pay:</b>	<b>The above items are statutorily non-covered services under Part B Medicare.</b>		
<b>Estimated Cost:</b>	Estimated cost will depend on item checked above. Actual cost/s will be provided IN-ADVANCE of providing any above service.		

**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 checked items listed in the first box 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.

<b>Options: Check only one box. We cannot choose a box for you.</b>	
<input type="checkbox"/>	<b>OPTION 1.</b> I want the service listed above. I may be asked pay now. I wish to personally bill Medicare 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, <b>I can appeal to Medicare</b> by following the directions on the MSN. If Medicare does pay, I will directly receive any payments made, less co-pays or deductibles.
<input type="checkbox"/>	<b>OPTION 2.</b> I want the service listed above, but do not require Medicare to be billed. You will be asked to pay now for said service. I am responsible for payment. <b>I cannot appeal if Medicare is not billed.</b>
<input type="checkbox"/>	<b>OPTION 3.</b> I don't want the service listed above. I understand with this choice I am <b>not responsible for any payment</b> for said service/s, and I cannot appeal to see if Medicare would pay.

**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 may also receive a copy.

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------

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. 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.