

EXPLANATION OF CHIROPRACTIC MEDICARE BENEFITS

Dear Chiropractic Patient:

In accordance with regulations established by the Federal Government, the Medicare program does provide coverage for chiropractic care but with certain limitations.

Medicare requires that each patient have current x-rays of the spine and that these x-rays must show evidence of a spinal subluxation. Medicare does not cover the cost of the x-rays if taken in this office. Also not covered by Medicare are any therapies, supports, supplements, follow-up examinations of other services that your doctor of chiropractic may determine are necessary for the proper care of your condition or illness.

Your condition may require, in our judgement, more treatments than are allowed by Medicare. This office can apply for additional treatment coverage by submitting a "medical necessity statement" on your behalf. While your case will be reviewed by Medicare, we cannot guarantee or predict how this review will be decided in your particular case..

Any visits that Medicare determines are not covered will be the financial responsibility of the patient.

I have read and understand this statement.

Patient's Name: _____.

Patient's Signature: _____.

Date: _____.

Witness Name: _____.

Witness Signature: _____.

MEDICARE WAIVER OF LIABILITY STATEMENT

I, _____, HIC # _____.
Patient's Name Medicare #

understand that on _____, My doctor of chiropractic has
Date

explained to me the need for treatments. I understand that Medicare may rule these treatments to be "medically unnecessary" in their opinion and that payment for these visits will be my financial responsibility should I elect to continue under the care of my doctor of chiropractic.

Patient's Name: _____.

Patient's Signature: _____.

Date: _____.

Witness Name: _____.

Witness Signature: _____.

A. Notifier: DR. LAWRENCE J. SUCHOFF

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ 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. _____ below.

D.	E. Reason Medicare May Not Pay	F. Estimated Cost

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, but Medicare cannot require us to do this.

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

OPTION 1. I want the D. _____ 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.

OPTION 2. I want the D. _____ 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. _____ 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 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 also receive a copy.

I. Signature:

J. Date:

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.

