

MHN
Name
Address



A division of Marshfield Clinic

1000 N Oak Ave, Marshfield, WI 54449
1-800-222-5835

Advance Beneficiary Notice of Noncoverage – General

Note: If Medicare doesn't pay for the item(s) or service(s) 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 item(s) or service(s) below.

Item(s) or Service(s)	Reason Medicare May Not Pay	Estimated Cost
	<input type="checkbox"/> Medicare does not pay for this item/service for your condition. <input type="checkbox"/> Medicare does not pay for this item/service as often as this. <input type="checkbox"/> Medicare does not pay for experimental or research use items/services. <input type="checkbox"/> Medicare never covers this item/service. <input type="checkbox"/> Other (specify) _____	
	<input type="checkbox"/> Medicare does not pay for this item/service for your condition. <input type="checkbox"/> Medicare does not pay for this item/service as often as this. <input type="checkbox"/> Medicare does not pay for experimental or research use items/services. <input type="checkbox"/> Medicare never covers this item/service. <input type="checkbox"/> Other (specify) _____	

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 item(s) or service(s) 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.

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

Option 1. I want the item(s) or service(s) 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 item(s) or service(s) 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 item(s) or service(s) listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal 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 also receive a copy.

Signature	Date
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